

CHEMIST & DRUGGIST

The newsworthy for pharmacy

a Benn publication

September 19 1981

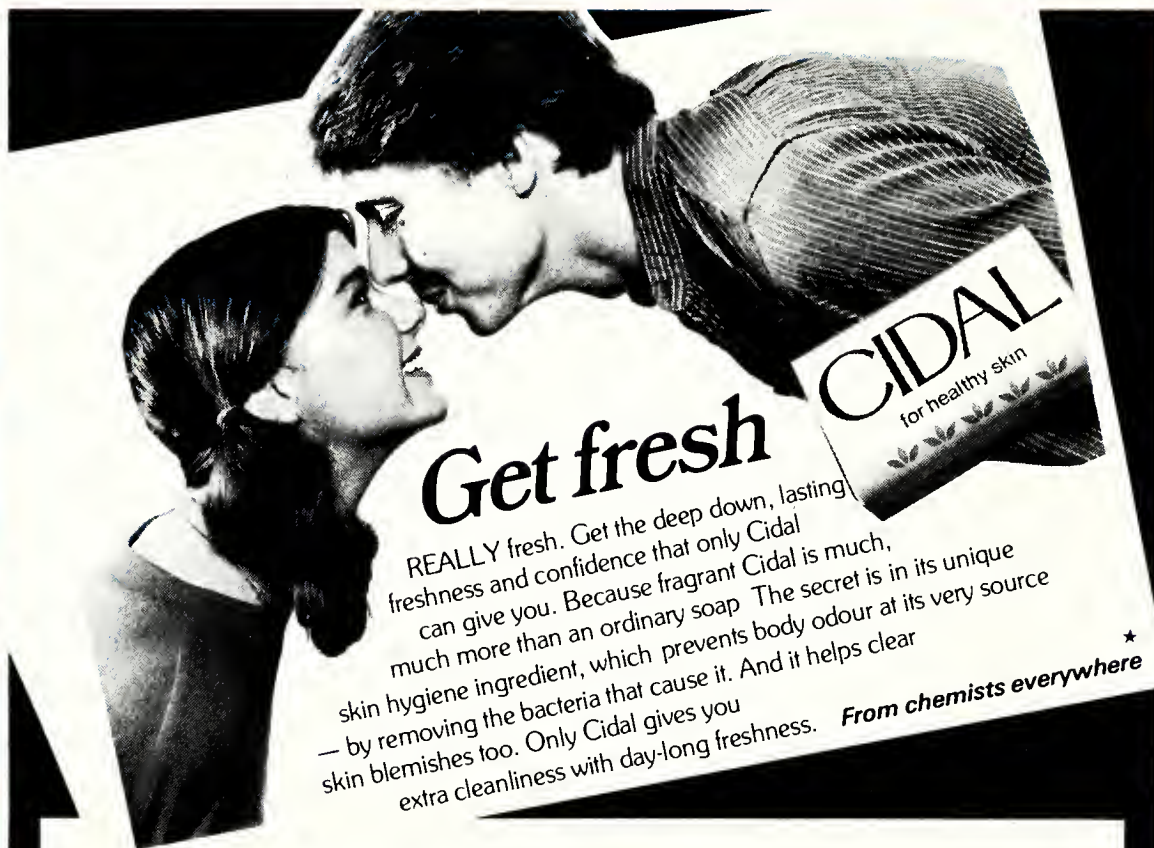
BPC Brighton
reports and
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future' says
Minister to
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Amitriptyline Tablets	10mg	500	2.80	2		2.25	AMI130K
Amitriptyline Tablets	25mg	500	4.80	3		3.50	AMI131G
Ampicillin Capsules	250mg	500	17.00	3		14.25	AMP97W
Ampicillin Capsules	500mg	250	17.00	3		14.25	AMP98S
Ampicillin Syrup	125mg	100ml	0.65	12		0.57	AMP99Y
Ampicillin Syrup	250mg	100ml	1.10	6		0.94	AMP100M
Bendrofluazide Tablets	5mg	1000	4.95	2		3.60	BEN295X
Chlorpropamide Tablets	100mg	500	4.50	2		3.25	CHL342P
Chlorpropamide Tablets	250mg	500	11.00	2		7.75	CHL341T
Co-Trimoxazole Tablets	400/80mg	500	28.50	2		21.00	COT250P

		PACK	LIST PRICE	QTY RATE UNIT	ORDER	QTY RATE PRICE	CODE
Diazepam Tablets	2mg	1000	3.80	3		1.95	DIA223G
Diazepam Tablets	5mg	1000	5.00	3		2.20	DIA224C
Diazepam Tablets	10mg	500	4.70	2		2.20	DIA225V
Erythromycin Tablets	250mg	250	12.25	2		9.25	ERY70N
Frusemide Tablets	40mg	1000	17.20	3		7.85	FRU28A
Ibuprofen Tablets	200mg	500	9.60	2		8.00	IBU9H
Ibuprofen Tablets	400mg	250	9.50	3		7.85	IBU8L
Indomethacin Capsules	25mg	500	15.60	3		7.25	IND65B
Indomethacin Capsules	50mg	100	6.40	2		4.50	IND66U
Methyldopa Tablets	125mg	250	5.50	2		3.50	MET318X
Methyldopa Tablets	250mg	1000	26.50	2		19.75	MET319E
Methyldopa Tablets	500mg	500	26.50	2		19.75	MET320V
Nitrazepam Tablets	5mg	500	4.75	3		2.60	NIT61N
Oxprenolol Tablets	20mg	100	2.65	-		-	OXp9E
Oxprenolol Tablets	40mg	100	4.40	-		-	OXp11R
Oxprenolol Tablets	80mg	100	6.75	-		-	OXp10V
Oxytetracycline Tablets	250mg	1000	10.50	3		7.40	OXY84F
Penicillin V Tablets	250mg	1000	14.00	2		11.00	PEN311E
Penicillin V Syrup	125mg	100ml	0.44	12		0.40	PEN309Y
Penicillin V Syrup	250mg	100ml	0.80	6		0.58	PEN310X
Propranolol Tablets	10mg	500	5.80	2		2.25	PRO737F
Propranolol Tablets	40mg	1000	27.75	2		10.00	PRO738L
Propranolol Tablets	80mg	500	20.75	2		7.80	PRO739H
Propranolol Tablets	160mg	100	8.35	2		3.00	PRO740B
Quinine Bisulphate Tablets	300mg	500	21.00	3		13.50	QUI125R
Quinine Sulphate Tablets	300mg	500	21.00	3		13.50	QUI126N
Spironolactone Tablets	250mg	500	28.50	2		25.00	SPI74E
Tetracycline Tablets	250mg	250	2.95	2		2.65	TET144B
Tolbutamide Tablets	500mg	500	5.40	2		4.50	TOL42X

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COMMENT

Which way?

How often have we heard it before? That pharmacy is a profession searching for a role. We heard it again this week at the British Pharmaceutical Conference meeting in Brighton from both politician and scientist.

Dr Gerard Vaughan, Minister for Health, expressed exasperation with the profession because it did not know itself where it wanted to go — and it was clear from some other papers, perhaps notably that of the science chairman, Professor S.S. Davis of Nottingham University, that it will be some time before the direction of travel will be agreed by all.

Why this should be touches on inherent differences of opinion within the profession. We have had report after report on the general practice of pharmacy, each of which has suggested ways ahead which utilise more fully the pharmacist's scientific training. But we are as far now as ever from the "laboratory in the High Street" which a combination of the many opposing viewpoints would suggest as a compromise.

Professor Davis feels that "the image created by certain sectors of the retail community is hard to reconcile with a profession that now has exclusively graduate entry." But to which sectors is he referring — and do they equate with the sectors meant by others who might endorse a similar statement? Does he refer, for example, to the dirty and the shabby? Or to the underequipped? Or to the pharmacy run by a pharmacist who has neglected his postgraduate education? Or again, is he (as we suspect) referring to the practice of the profession within the context of retail merchandise that has no connection with the undergraduate course? If the latter, we take issue, because no matter how distasteful to the academic eye, this is where the patient-

customer will continue to look for the pharmacist and his advice.

There is ample evidence for this claim, and it is recognised in Dr Vaughan's admission that pharmacists have "retained public trust in a way that many other professions have been unable to do". (Dare we suggest that the ones who have lost trust are those who have set themselves apart from their "public"?) The Society's president, Professor Beckett (another scientist), drew attention to the need to keep primary health services available in the community for the sake of the elderly and housebound: the community pharmacy does just that and is successful *because* of the environment in which it operates.

Perhaps the "image" to which Professor Davis objects is the "emporium" (he would certainly not be alone if he did). Yet may we suggest that a little academic research may surprise the critics — the Boots Regent Streets and Victoria Centres have their "regulars" too, many of them the elderly and the low-socio-economic group customers who dwell, inevitably, just out of sight behind the commercial facades of our High Streets. They may not be the mainstay of the businesses, but the pharmacists who serve them are just as well rewarded professionally as those who have the fortune (or is it misfortune?) to practise in a clinical atmosphere.

Perhaps it is not so much new pastures that the profession should be seeking, but rather a wider public acceptance of the benefits of consulting the pharmacist on all minor health matters. That acceptance could well start in the schools of pharmacy by helping the new graduate to explore the means of utilising his training in the environment in which he will practise. But first, there needs to be a realisation in the schools that the *application* of scientific training does not have to stop at the laboratory door. ■

'Define your role' Dr Vaughan tells the profession

Dr Gerard Vaughan is not sure what the future is for general practice pharmacy and challenges the profession to define it.

"Of all the many problems facing pharmacy at the moment the one of greatest interest and challenge is the future of general practice pharmacy", Dr Gerard Vaughan, Minister for Health, said at the opening session of the British Pharmaceutical Conference meeting in Brighton on Monday. "Do you know what it is — because I am not quite sure that I do?"

The 'possible'

The Minister went on: "It is for the profession to tell us how best to run its job and develop its skills. You work out your list and we will tell you if it is possible legally, financially and in parliamentary terms."

Dr Vaughan suggested that the role of the pharmacist in industry and hospital practice was known but that, frankly, he was tired of pharmacists saying what they would do if they had the opportunity. "Let us try and develop the opportunities and see how your role can meet both your own needs and those of the community."

He stressed the Government's commitment to primary health care and spoke of the need to transfer resources from hospitals to the community. "The general practice pharmacist must have a place — the Royal Commission on the NHS pointed out how important you are in community care, and I agree".

Remarkable

Recent surveys had shown that the pharmacist already makes a remarkable contribution, but this needed developing, although much hard work had been done. Dr Vaughan saw a need for an increased training because it was not all that it could be. "You are highly skilled, highly valued members of our society and have retained public trust in a way that many other professions have been unable to do. But we still have not enabled those skills to be used to their full potential". He welcomed the formation of the College of Pharmacy Practice and looked forward to it setting

standards for the profession, with any diplomas it issued becoming widely accepted.

Pharmacists were complimented by Dr Vaughan on the way that they had observed the "gentlemen's agreement" following the Clothier report, but urged both professions to implement it quickly. He warned that doctors saw problems over getting compensation and said that pharmacists must agree a procedure with them before going back to the Government.

Dr Vaughan predicted that the net loss of seven pharmacies in 1980 might be translated into an overall increase this year.

No restriction?

The Society's decision not to oppose free movement of pharmacists within the EEC was welcomed by the Minister, but he understood its concern about distribution, rural practices and the effect of more and more group medical practices. "The Government are fundamentally opposed to restricting free competition unless it can be clearly shown that it is not in the patients' interests.

"At the moment there is not sufficient evidence to show that the patient will be damaged to justify any restriction on any pharmacist wishing to undertake NHS work in the urban areas.

"Last year we took two financial measures bearing on the network of pharmacies: the DHSS assumed responsibility for financing the Essential Small Pharmacies Scheme and agreed to the introduction of the basic practice allowance. The Government hopes that this will encourage a better distribution of pharmacies in urban areas and keep small pharmacies viable in inner-lying areas.

Cut wastage

Dr Vaughan called on pharmacists to do more to help in the reduction of wastage — the drugs bill stood at £1,000m and



Professor Beckett

could increase three-fold in the next decade — "10 per cent of all wastage occurs at patient level . . . cutting this down is my strongest argument against those who talk of applying cash limits to primary health care".

Dr Vaughan complimented industry on its "breathtaking" contribution of £500m to the balance of payments. Earlier he reaffirmed his desire to introduce a better and simpler system of payment for pharmacists.

He is to have two meetings with members of the new District Health Authorities (together with the Secretary of State). "Whatever we decide on we must not throw away any of the good aspects of pharmacy".

President's reply

Replying to Dr Vaughan during the opening ceremony, Professor Arnold Beckett, the Pharmaceutical Society's president, said pharmacists would be prepared to rise to the Minister's challenge and discuss with him their future opportunities in health care. The profession was confident that the Government inquiry into pharmacy would clearly indicate that they could make a positive contribution, he said. "Our only concern would be that, as in the past, the necessary Government support might not be forthcoming."

He appealed to the Minister to take a broader view of primary health care by inquiring into the future contribution of

all the health professions, not just pharmacy: "If we do not have an integrated approach we will surely fail in our duty to the patients we serve."

Professor Beckett drew attention to the problems of housebound patients and the increasing number of old people who needed health services close to their homes. Any detailed review of future needs in primary care should examine closely how this care could be provided within the community rather than through increasingly remote group surgeries or in hospitals.

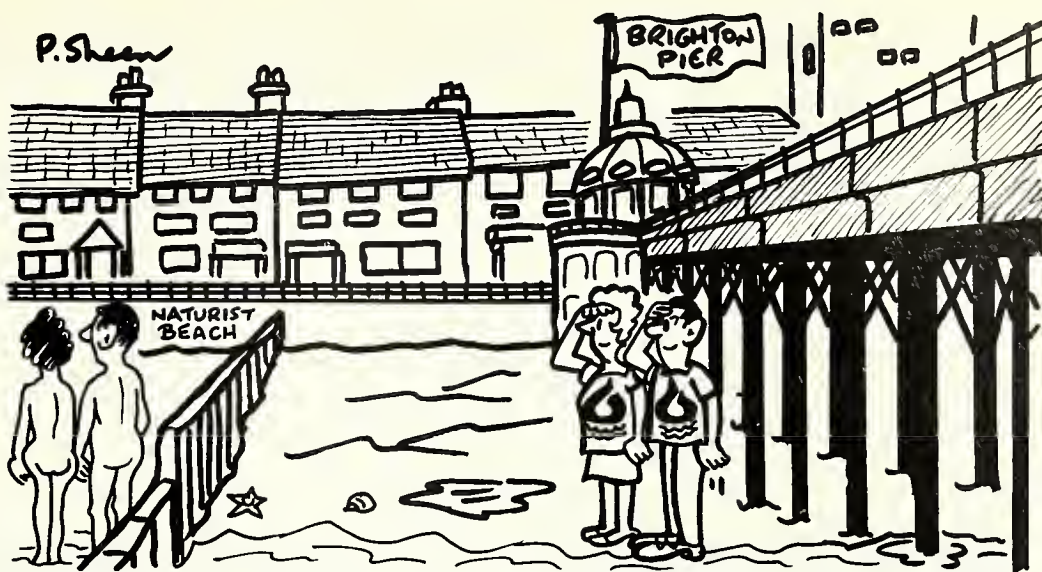
GPs were being rendered ineffective because they were overwhelmed with trivia and there was a need for a professional person in the community with knowledge of medicines and the treatment of self-limiting complaints. The pharmacist's trading activities combined with his correctly-used professional ones would enable Governments to provide a more effective primary health care system. He added that the public would benefit further if more prescription-only medicines were released for pharmacy sale.

Student numbers

Professor Beckett also expressed concern about the cuts in student numbers recently recommended by the University Grants Committee. "This country depends very largely for its survival on scientific motivation, and it is the products of our brain-power that are the greatest assets in export," he said.

It was extraordinary that the financial resources of the pharmacy schools were being cut so savagely "when never in history have we been making a greater contribution to the well-being of the country."

On the topic of health education,



"Which speaker was it said we should show more of ourselves in public?"

Professor Beckett pledged the Society Council's support in the campaign to curb smoking and he asked Dr Vaughan to instruct hospitals to stop selling tobacco products in their shops. "I am sure this lead would resolve in positive action by other organisations," he said.

The president concluded with a reference to one of the Conference topics — genetic engineering — which he predicted would produce far-reaching changes in every aspect of human life within the next 20 years.

Points welcomed

Mr Alan Smith, chief executive of the Pharmaceutical Services Negotiating Committee, gave *C&D* the following reaction to Dr Vaughan's speech: "I am happy to see that he is still looking for a simpler system for making payment to pharmacists and look for a positive step to be made in the future.

"Dr Vaughan notes the difficulties doctors are finding over compensation —

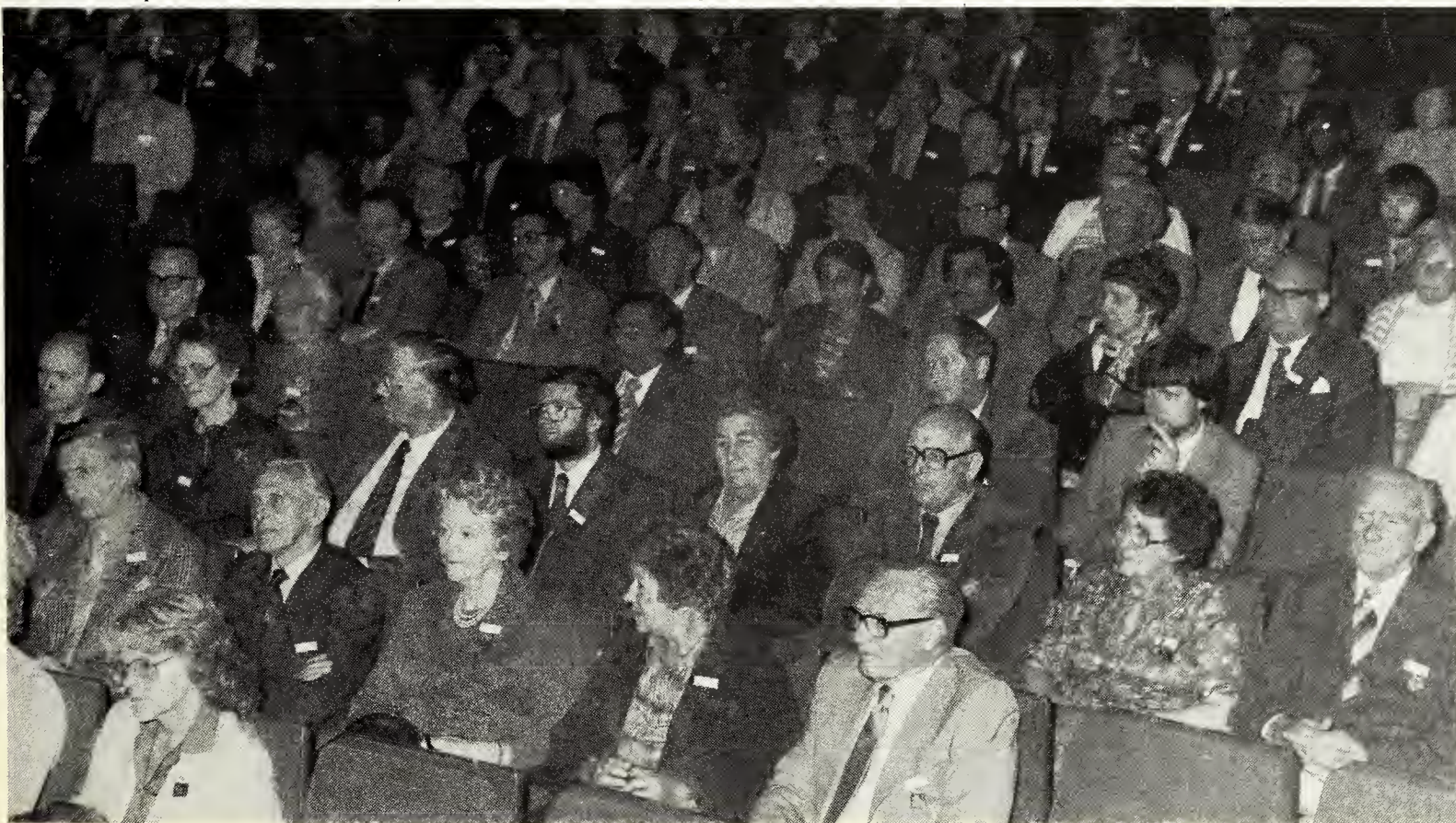
if as a profession they were able to give £85 per head into the compensation fund that would suffice. At the moment the doctor is paying £500 per annum out of the global sum to subsidise his rural colleagues".

Finally Mr Smith challenged the Society to produce its own formulary of medicines suitable for counter prescription. "The dentists have a formulary and there is a BNF, but nothing just for the general practice pharmacist. Such a formulary would indicate the range and quality of medications available to the public". ■

C&D Medal

The *C&D* Research Medal and Award for the best presentation at the Conference practice research session has been won by Dr Stephen P. Denyer MPS (see p503). ■

Part of the opening session audience on Monday





Brighton camera

1. A welcome to conference for Miss E.A. Meikle, Glasgow, from Mrs Joan Shaw. 2. Talking over a pint, Phil Woodhead, Simon Mills, Philip and Angela Neale, and Tony Phillips. 3. A bite to eat for Mr J. Kinkel, Mr J. Riebesehl, Professor E. Tomlinson (all University of Amsterdam) and Mrs Tomlinson. 4. Roundtable discussions for Mrs Jan Cathcart, Mel Blachford, Barrie Cathcart and Mrs Margaret Blachford, from Melbourne, Australia. 5. Mr Idris Hughes, technical director, Orridge

Computer Systems, demonstrates the Aposyst dispensary management system during the exhibition. 6. "Up from the country", Rural Pharmacists Association secretary and chairman, John Davies and Mervyn Madge. 7. At the Institute of Pharmacy Management International reception, Mr Nat Oye Oso (chairman, Nigerian branch), Mrs Marianne Ivey (president, American Society of Hospital Pharmacists) and Dr Joseph Oddis (executive vice-president, ASHP)

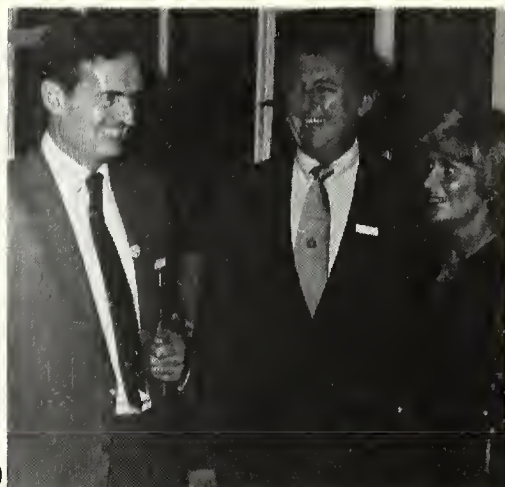




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8. Presenting papers at the pharmacy practice research session (and each eligible for the C&D Research Medal and Award) are (left to right) John C. Kendray, Edward M. Phillip, Diane Elliott, Peter Dawson, Dr William Hunt and Dr Stephen P. Denyer. 9. Pictured at the Rural Pharmacists Association sherry party are Mr D. Strong, Bristol, Mr B.G. Spencer (an RPA member from Lichfield), Mr Peter Worling (managing director of Vestric Ltd) and Mr M. Burden, Leicester. 10. At the Institute of Pharmacy Management International's reception, Dr B. Wills (chief pharmacist, Department of Health) with Mr Carl Lyons, Oklahoma, USA, and Mrs Joyce Lyons. 11. Part of the practice research session audience



NPA invites applications for research grants

Applications are now being invited for the National Pharmaceutical Association's 1982 practice research grants, (see *C&D*, November 22, 1980) which are designed to encourage research into any aspect of retail pharmacy practice.

Four grants, each not exceeding £250, will be available annually, £150 paid at the start of the project and the balance following submission of a satisfactory report on the results.

The recipient must be a registered pharmacist who is (a) the proprietor of an NPA pharmacy, or (b) a director of a company which is an NPA member, or (c) a partner in a partnership which is an NPA member, or (d) an employee of an NPA member, provided that the employer consents to the research. Pre-registration pharmacy graduates employed by NPA members are also eligible, subject to employers' consent. An outline of the proposed project must be approved by the NPA Board of Management and the final report and conclusions must be submitted to the NPA before publication.

Where the research is on a pharmaceutical or professional topic, the

results must be submitted to the Pharmaceutical Society for consideration for presentation at the pharmacy practice research session at a British Pharmaceutical Conference. The NPA will be permitted to publish the research or otherwise to make use of the results.

In addition to the grant, NPA will give reasonable access to their information department and assistance will also be provided, where required, in typing and binding their final report.

The summary of the proposed project must be in the following form: *Objective*: Brief outline of the aims and objectives. *Topic and method*: Brief outline of the proposed research, methods and scope. *Facilities*: Equipment, if any, to be used. Other person or persons to be involved. *Financial*: Rough estimate of the total budget. *Time scale*: How long the research will take and approximate man-hours. *Benefit*: How retail pharmacy may benefit from the research.

Ulster Chemists' Association members are included in the scheme. Applications to the NPA at Mallinson House, 40 St Peter's Street, St Albans, Herts. ■

Negotiating Committee had reached £13,495 in LPC and individual donations by Tuesday of this week.

In addition, PSNC itself has already voted the sum of £20,000 to help defray the legal costs of Paydens Ltd in their dispensing doctor High Court action. ■

'Work experience' staff did not cause redundancies

An industrial tribunal has decided that R. Gordon Drummond Ltd did not take advantage of the Government's work experience scheme to substitute free teenage labour for redundant employees at their Knowles, Bristol, branch.

Two women assistants at the branch claimed they had been unfairly selected for redundancy in a cost saving exercise early this year (*C&D* August 1, p198). They alleged that their jobs were taken over by young people on a Youth Opportunities Programme whose wages were paid by the Manpower Services Commission.

But the Bristol tribunal said in its written judgment: "It has been suggested on behalf of at least one of the applicants that the employers took advantage of the scheme . . . this is a serious allegation and we cannot accept it in the absence of strong evidence to that effect."

The three-member tribunal, in a majority decision, accepted that Mrs Margaret Sporne had been unfairly dismissed. But it rejected, also by a majority, the application of Miss Yvette Coles who started at the shop when she was 17, and was employed with two other assistants selling toiletries when she was made redundant. Both of them had longer service than she had, although there were others with shorter service in sections not considered suitable for Miss Coles.

Dissenting view

Tribunal chairman, Mr Richard Murphy, said he and one member took the view that it was not possible to say the firm acted unreasonably in making Miss Coles redundant. But the remaining member dissented on the ground that her longer service than others made her selection unfair.

Mrs Sporne had worked at the shop for over six years, and when she was made redundant was selling photographic and electrical goods. The firm planned to reconstruct the shop so the photographic counter would be next to the pharmacy and the cosmetics section where there were five assistants, one of whom would

Tenterden appeals pass £40,000

Contributions to the Rural Pharmacists Association Tenterden fund have reached £8,000, it was announced at the RPA's sherry party held during the BP Conference in Brighton this week — the Association's first social event.

Welcoming members and guests from many UK and overseas pharmaceutical organisations the chairman, Mr Mervyn Madge, said: "The RPA is a young vigorous body and membership is increasing daily". He also drew attention to the forthcoming symposium "After Tenterden — What?", October 17-18 (*C&D* September 12, p416).

Mr Madge said the RPA was to publish its own newspaper, "*The Rural Pharmacist*", and that the first edition would be available at the Conference later in the week.

Mr John Davies, secretary, said the RPA wanted as many members as possible to ensure that "we can speak with a strong voice when negotiating". He said the aim must be to provide a rural dispensing service so good that pharmacists could ask whether the dispensing doctor was necessary. "I think we can win our case quite comfortably with your support".

Mr C. C. Stevens, chairman of the Society's agricultural and veterinary group, said he was proud to lend the support of his committee to the RPA. He pointed to the success they had had against all the odds in reaching the draft stage on an agreement that veterinary medicines would be handled by pharmacists and not by "quasi" veterinary establishments.

The vice-president of the Society, Mr W. H. Howarth, complimented the association on their enthusiasm and on "putting their money where their mouth is".

Support also came from the Students Association president, Marie Noblett, who reminded members that they were not just interested in the style of certificates and had passed motions on rural pharmacy at their own conference.

Mr Madge concluded by mentioning the RPA's motto — "Non pugnare, sed iudice" — a rough translation of which, according to Mr Madge, is that the RPA do not need to fight because their claim is paramount and based on justice.

□ The Tenterden appeal fund organised through the Pharmaceutical Services

then be able to deal also with the photographic and electrical trade. The tribunal said Mrs Sporne was not, in fact, redundant at the time her employment ended because the firm still needed an assistant in charge of the photographic counter. And despite the plan to move the counter the restructuring had not yet taken place at the time of the July hearing.

Mr Murphy said that he and the other member considered that it was unreasonable to dispense with Mrs Sporne's services until it was clear that they were no longer needed. At the end of Mrs Sporne's notice period it must have been clear there would be a delay before the restructuring could be started. Her notice should have been extended. The compensation payable to Mrs Sporne is to be decided between the parties. ■

Mr Fowler takes over at DHSS

A former Parliamentary advisor to the Pharmaceutical Society, Norman Fowler, has been appointed the new Social Services Secretary in Mrs Thatcher's cabinet reshuffle, which has also brought two new Under-Secretaries to the DHSS.

Mr Fowler's move involves promotion from Secretary for Transport, while Patrick Jenkin has also taken a step up to Sir Keith Joseph's old job at the Department of Industry. Norman Fowler was Parliamentary advisor to the Society in the early '70s and has previous experience in the DHSS field as chief Opposition spokesman on the subject in 1975-76. He is aged 43 and represents Sutton Coldfield.

At the Under-Secretary level, Sir George Young has gone to an equivalent post at the Department of the Environment in a direct swap with Geoffrey Finsburg. Lord Elton has also been appointed an Under-Secretary at the DHSS which, with no mention of Lynda Chalker in the changes, will make three instead of the usual two. The position with Lynda Chalker is, however, unclear as she is currently abroad and not contactable. But with the promotion of Baroness Young to Chancellor of the Duchy of Lancaster, only Lord Cullen would be left "looking after" the interests of the DHSS in the House of Lords, and it is believed that he will no longer be fulfilling this function in the new session. It is thought in Whitehall, therefore, that a third Under-Secretary officially appointed to the DHSS would make sense. ■



First C&D Assistant of the Year finalist chosen

Winner of the first regional final of the C&D Assistant of the Year competition is Mrs Rosemarie Lewis of Maggs Chemist, Coventry. Mrs Lewis is pictured being presented with her cheque by Mr David Savory, Macarthy's. In second place was Mrs A. Nelson and third Miss Vicky Oliver. All three prizewinners are pictured with the rest of the contestants. Because Miss Oliver is under 19 no prize was awarded in this category



Sainsbury's and Safeway launch own-label cosmetics

Two supermarkets, Sainsbury's and Safeway, have announced details of own-label cosmetic ranges. Both have been developed as a result of the "disinterest" shown by the major cosmetic houses in supermarket outlets for the sale of cosmetics.

The two chains report that research has shown consumers prefer one-stop shopping. According to Safeway branded self-selection cosmetics in supermarkets "has worked very well" in the USA and they argue this is also evident in their UK outlets with "the high level of customer acceptance" shown for the Maybelline and Cover Girl ranges.

Natural Beauty, the Safeway range, will have a retail price range of 79p for the nail polish through to £1.10 for face powder. They are, the company says, "intentionally not cheap". Intended to project "an up-market image" the brand name will be extended to other toiletry and skincare products in the future.

The Sainsbury's range, J, named after the chairman of the company, has a price range of 80p for a face powder refill rising to £2.05 for the skin moisturiser. Natur, already available in Sainsbury's, is to be

phased out. J is currently being advertised with the theme "Pick up a peaches and cream complexion where your pick up your peaches and cream". The Safeway range comes in self-service hanging packs, and J is available in a special display stand with testers. Both companies believe that the consumer wants self-selection and prefers to hide the cost in a large shopping bill rather than make a distinct journey to another outlet for a specific purchase. Neither company will be supporting its range with TV advertising and Safeway will be concentrating on in-store promotions. Sainsbury's argue that they intend to maintain the food outlet image first and foremost. Cosmetics manufacturers contacted by C&D said they would be carefully monitoring the situation but had no plans to move into the area themselves.

Safeway describe their development into cosmetics as an indicator to "future planned expansion". The company opened its first pharmacy in June (C&D June 27 p1205) at Livingstone, Scotland, and are currently looking at possible sites for further pharmacies. Details of where and when are not yet available. ■

Liquid medicines can rot children's teeth

Pharmacists should be free to offer tablets rather than liquid medicine to paediatric patients. Many children suffering from chronic diseases such as asthma, epilepsy or cystic fibrosis, may suffer additional physical and psychological damage from dental caries caused by sugar in their medicines, states an article in last week's *Drug and Therapeutics Bulletin*.

Children probably learn to like sweet foods and drinks in their infancy, says the article, and chronically sick pre-school

children taking a liquid medicine suffer much more from decay than other children. The liquid medicine takers also have more bacterial plaque and gingival inflammation. Sucrose consumption increases dental caries in proportion to the amount consumed.

The article suggests that doctors should, wherever possible, prescribe tablets, which can be crushed and given in a sugarless drink. People should be encouraged to ask for tablets, and the

concentration of glucose or sucrose in a liquid preparation should be stated on the bottle

Another reason that paediatric medicines are sugary results from the BNF instruction that "when a prescription for a mixture is written for a child, if the dose ordered is less than 5ml, the preparation will normally be diluted with a suitable vehicle so that the required dose is contained in 5ml." This instruction should be changed as dilution renders the medicine unstable and more harmful to the teeth, says the article, and real improvement can only be achieved by reformulating the medicine using non-caries-inducing alternatives such as sorbitol and saccharine. However, each new formulation requires a submission to the Licensing Authority, which can be a long and expensive business.


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Almost half the range is gluten free 




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Telephone: Uxbridge 59851

Informing the patient

Another *Bulletin* article says that many patients feel they do not get enough information about medicines, and do not understand the little they do get. Pharmacists rarely know what the doctor has told the patient, and doctors feel that they lack time for detailed explanations.

The information given by the professionals should be concordant and mutually enforcing, says the article, which suggests a leaflet or patient package insert (PPI) would help the doctor and pharmacist to give consistent and complementary information. It also gives a check list for the doctor, reminding him what the patient needs to know:

- ☐ Name of medicine.
- ☐ Whether it is to treat the disease or relieve the symptoms — how important it is to take it.
- ☐ How to tell if it is working and what to do if it is not.
- ☐ When and how to take it, and for how long.
- ☐ What to do if a dose is missed.
- ☐ Side effects and interactions and what precautions to take.

The article concludes that if the pharmacist has a copy of the check list he will be better able to enforce what the doctor has said. ■

July sales

Retail sales of all chemists rose by 9 per cent in July to an index of 162 (1976 = 100), against a 5 per cent rise for all businesses (index 166) and a drop of one per cent for all small businesses (index 129). Large businesses showed an 8 per cent increase in sales (index 191) of which co-operative societies also improved by 4 per cent (index 157). Combined sales by chemists and photographic dealers rose by 10 per cent (index 180). NHS receipts are excluded. ■

NEWS IN BRIEF

■ The 1981 Cash & Carry Year Book, available shortly, will include a county-by-county listing of 600 C&C outlets throughout the UK, together with a breakdown of the ranges stocked. Available, price £5.95 including postage, from Cash & Carry Year Book, Diplomatic House, 12 High Road, London N2 9PH.

■ At South London and Surrey Pharmacists Golfing Society's recent Croydon outing, Mr O. Sanders (Redhill) won first prize, the Cow & Gate bowl. Mr A. Gower (Pyecombe) came second and Mr T. Klinkenberg (Redhill) third. At the annual prize-giving the Unichem trophy for the member with the best seasonal aggregate score was won by Mr A. Gower, and the Cow & Gate trophy for best seasonal handicap 18 and over went to Mr D. Hobern. Johnson & Johnson provided prizes to go with the trophies.

■ More people than ever are using coupons to stretch their weekly shopping budget according to Nielsen clearing house, who report that 156 million coupons were redeemed in the first six months of this year — an increase of 33 per cent over the same time last year. Nielsen estimates that consumers will "spend" over 300 million coupons during 1981, a record number for this country.

■ It has been pointed out to *C&D* that Mr John McConell, who represented Northern Ireland and the North of England in the final of the Numark chemists golf tournament, is not a pharmacist as was indicated in our recent report.

Conference paper amended

The paper presented at the practice research session by Peter Dawson (p503) was revised by the author. The number of patients interviewed was 80 (not 100 as in the preprint) and in 76 of these the pharmacists gathered more information than the physicians; in nine cases the information was of clinical significance.

□ Professor Eric Tomlinson, professor of pharmaceutical chemistry and analysis, University of Amsterdam, explained in his Science Award lecture how the science of extrathermodynamics could be used in drug design and preformulation studies. It could be used, for example, to predict when, where and how product inelegance was likely, in particular the complexation in aqueous solution of large organic ions such as drugs, flavourings and colours. ■

TOPICAL REFLECTIONS

By Xrayser

One down . . .

Two to go? Without ever having completed a full membership, the pharmacy review panel has already lost one member, "who felt obliged to resign because his firm audit the Pharmaceutical Society books." As good a reason as any to get off a dead loss job, though how the Society let the name go forward, knowing that his company were the Society's auditors, is beyond me. I reckon the word is around that this panel is nobody's darling — another cud-chewing exercise to pass the time, which since it is toothless will only give its members indigestion, an OBE being a very unlikely outcome.

Bad . . .

Badedas is in the news, with the Beechams rep bounding into my shop with the good tidings that the retail price had been dropped from £11.95 to £8.25! I'm always mildly surprised that we sell such a product for so much money in my humdrum suburb, but alas, I had to take the poor rep to the shelves where I showed him my stock at £7.99, a figure which still allows me a better return than do Beechams. The swagman has plenty more too, and although he tells me he is a socialist, he shows little enthusiasm for withdrawing from the EEC just yet!

Pain plaque?

There it was, in black and white. I must have been in a vacant mood, but because of the dental campaigns of the past year the word "plaque" has come to have only one meaning for me. So I was surprised to read a headline "Study of Pain plaque for DF pharmacy" which I took to mean that one of DF pharmacies (do they still have pharmacies?) was to study pain plaque. What on earth is pain plaque? But I might have known it meant that a former DF pharmacy has had a wall plaque erected to commemorate the fact that it supplied the chloroform for Sir James Young Simpson's work on anaesthesia.

Veterinary

With my new veterinary department doing quite well now I find myself facing an increasing number of inquiries, which I answer after referring to what literature I can get from my wholesaler. Very soon I shall have to reinforce such knowledge by a good deal more work by way of background reading and maybe a course

if one becomes available.

But I find new interest in veterinary news too and wonder how other town pharmacies, without a near rural community, manage to keep abreast of developments? I wonder for example, if MSD's new breakthrough drug for parasites in cattle will be followed by a presentation for horses?

PEOPLE

Mr Dennis Evans, a senior Vestric executive, has been named as the president of the Society of Company and Commercial Accountants for 1981-82. He will combine his additional presidential responsibilities with his full-time role as manager of the company's management audit department.

Deaths

Wallis. On September 11, Mr Thomas George Fernley Chapman Wallis, MPS, Morley View Road, Plymton, Plymouth. Mr Wallis joined the Register in 1914, and spent most of his life in the Plymouth area. *Mr A.G.M. Madge, secretary of Plymouth Branch, Pharmaceutical Society, writes:* "This branch mourns the passing of Fernley Wallis, one of its most respected 'elder statesmen'. His name was a landmark in local pharmacy, having given over sixty years to the profession. He suffered many adversities, having been 'blitzed' out of his premises three times, but he came up smiling on each occasion with that determination so typical of him, and the will to succeed and overcome all setbacks. His pharmacy was the first in the centre of the new Plymouth which sprang up from the ashes and ruins of the war. He was ever willing to give a helping hand, especially to the younger pharmacist, and he really lived for his profession. Unfailingly each day his tall figure could be seen in the city streets with his bowler and floral buttonhole. He retired a few years ago but still kept in touch. His latter years were saddened by the death of both his sons. All members of this branch sincerely mourn his passing as a man who set an example and a standard for future pharmacists, and extend heartfelt sympathy to his widow, who stoutly supported him in his work for pharmacy."

New antibiotic is a 'major advance'

This week Beecham Pharmaceuticals are launching Augmentin — their latest antibiotic combination, which seems likely to become of major importance in the first-line treatment of bacterial infections.

Augmentin is a combination of amoxycillin and clavulanic acid — a beta-lactamase inhibitor. Details of the drug's action are given in the article by Brian Lynn (p495) but it basically means that the antibacterial spectrum of amoxycillin has been extended to cover a very wide range of organisms. At a conference last week, Beecham stated that Augmentin is effective against 95 per cent of the bacteria causing infections that are seen in general practice and that it is more likely to be an effective first-line treatment than any other oral antibiotic.

Although clavulanic acid could, in theory, be combined with several penicillinase-labile antibiotics, amoxycillin has been chosen because it has a similar pharmacokinetic profile — it is delivered to the site of infection at the same time as the clavulanic acid. The company are, however, looking at combinations with other beta-lactam antibiotics. Clavulanic acid is highly specific for penicillinases and is not effective against cephalosporinases. Amoxycillin alone will not be rendered redundant by the advent of Augmentin, Beecham say, and they are presently conducting high dosage trials with it.

The only formulations available at the moment are tablets and dispersible tablets, but an injectable form is being developed. No dosage recommendations are currently given for children under 12, but the company intends to introduce a paediatric formulation shortly.

Augmentin tablets

Manufacturer Beecham Research Laboratories, Great West Road, Brentford, Middlesex TW8 9BD

Description White tablets engraved "Augmentin" on one side, each containing potassium clavulanate equivalent to 125mg clavulanic acid with amoxycillin trihydrate equivalent to 250mg amoxycillin. Non-dispersible tablets are oval and film-coated, dispersible tablets are round

Indications Short-term oral treatment of common bacterial infections including those of the upper and lower respiratory tracts and genito-urinary tract, skin and soft tissue infections, intra-abdominal

sepsis and osteomyelitis. For details of sensitive organisms see manufacturer's literature

Dosage For adults and children over 12 years, one tablet three times a day. In severe infections this may be increased to two tablets three times a day. Treatment should not be extended for 14 days without review. Absorption is unaffected by food

Contraindications Penicillin hypersensitivity

Precautions Safety in human pregnancy has not been established. Renal impairment delays the excretion of clavulanate and amoxycillin but unless impairment is severe enough to require dialysis, no reduction of dosage is necessary. Each tablet contains 0.63 mmol potassium

Side effects Diarrhoea, indigestion, nausea, vomiting and candidiasis have been reported. Gastro-intestinal side effects may be reduced by taking Augmentin at the start of meals. Urticarial and erythematous rashes sometimes occur but their incidence has been particularly low in clinical trials. Erythematous rashes have been associated with glandular fever in a few patients receiving amoxycillin. Treatment should be discontinued if either rash appears

Packs 30's (£7.50) and 100's (£25). Dispersible tablets are in 30's (£8.43) and 90's (£25.30)

Supply restrictions Prescription only
Issued September 1981 ■

Netillin injection

Manufacturer Kirby-Warrick Pharmaceuticals Ltd, Mildenhall, Bury St Edmunds, Suffolk IP28 7AX

Description Aqueous solution for injection containing netilmicin sulphate equivalent to 100mg, 50mg, or 10mg of base per ml

Indications Semi-synthetic, water-soluble aminoglycoside antibiotic active against many strains of pathogenic bacteria. Indicated in bacteraemia; septicaemia; serious respiratory tract infections; infections of the kidney and genito-urinary tract, skin and soft tissues, bones and joints, gastro-intestinal tract; burns, wounds and peri-operative infections and intra-abdominal infections

Dosage For adults 4-6mg/kg/day given in two equal doses every 12 hours or three doses every 8 hours for treating urinary tract or systemic infections. In general, systemic infections will require a higher dosage than urinary tract infections but dosage should also be adjusted depending on severity of infection and patient condition. In life-threatening infections up to 7.5mg/kg/day may be given in three equal doses every eight hours, reducing to

6mg/kg/day as soon as clinically indicated. Dosage for children is 6-7.5mg/kg/day; for infants and neonates over one week — 7.5-9mg/kg/day, in both cases administered in three equal doses, and for premature or full-term neonates one week or less — 6mg/kg/day in two equal doses.

Usually given im but may be given iv over 3-5 minutes or by iv infusion over ½-2 hours. Dosages should be adjusted in impaired renal function — see data sheet for details

Contraindications Hypersensitivity to netilmicin. Hypersensitivity or serious toxic reactions to other aminoglycosides may also be a contraindication

Precautions Monitoring of serum concentrations is recommended as is monitoring of renal and eighth cranial nerve functions. Concurrent and/or sequential systemic or topical use of other potentially neurotoxic or nephrotoxic drugs should be avoided as should concurrent use of potent diuretics. Should be used with caution in patients with neuromuscular disorders, and in those receiving neuromuscular blocking agents or anaesthetics. Patients should be well hydrated during treatment. Safety in pregnancy has not been established

Side effects Adverse renal effects, usually reversible, have been reported, usually in patients with a history of renal impairment and in those treated with above the recommended dosage. Eighth cranial nerve toxicity also occurs primarily in such patients but the incidence appears lower and the severity milder than with other aminoglycosides — symptoms include dizziness, vertigo, tinnitus, roaring in the ears and hearing loss. Headaches, malaise, visual disturbances, disorientation, tachycardia, paraesthesia, rash, chills, fever, fluid retention, vomiting and diarrhoea have been reported rarely

Packs 10 ampoules or vials. 10mg/ml in 1.5ml ampoules (£15.30), 50mg/ml in 1ml ampoules (£21.20), 100mg/ml in 1ml (£27.68), 1.5ml (£39.50), and 2ml (£51.25)

Supply restrictions Prescription only
Issued September 1981 ■

Emtexate injections

Manufacturer Ferring Pharmaceuticals Ltd, 11 Mount Road, Feltham, Middx TW13 6JG. Distributors are Nordic Pharmaceuticals Ltd at the same address

Description 2ml ampoules containing either 2.5mg/ml or 25mg/ml methotrexate. Single-use vials of freeze-dried powder containing either 500mg or 1g methotrexate as the sodium salt and sodium hydroxide necessary to adjust to pH 8.4. All are preservative-free

Indications, dosage, etc As for other methotrexate preparations
Method of preparation Immediately before use, the contents of the 500mg vial should be dissolved in 10ml sterile water for injection; 1g vials in 20ml
Pharmaceutical precautions All preparations should be stored at room temperature and protected from direct sunlight. Reconstituted solutions must be used within eight hours. Only normal saline solution should be used as an infusion diluent and no other drugs should be added to the same container
Packs 2ml ampoules (2.5mg/ml £1.50, 25 mg/ml £4.50); 500mg vial (£42.50); 1g vial (£83—all prices trade)
Supply restrictions Prescription only
Issued September 1981 ■

Varbian injection

Manufacturer Ciba Laboratories, Horsham, West Sussex
Description Clear, colourless solution containing 1mg prenatalol per ml
Indications, dosage etc As for other prenatalol preparations
Packs 5ml ampoules (£7.65 trade)
Supply restrictions Prescription only
Issued September 1981 ■

Unisomnia tablets

Manufacturer Unigreg Ltd, 15 Worples Road, Wimbledon, London SW19 4JS
Description Circular, white, flat bevel-edged tablets, with a break line on one side. Each contains nitrazepam 5mg
Indications, dosage etc As for nitrazepam
Packs 100 tablets (£2.30 trade)
Supply restrictions Prescription only
Issued September 1981 ■

APS oxprenolol

Approved Prescription Services Ltd have introduced oxprenolol tablets to their range of generics, in packs of 100. Trade prices are: 20mg £3.20; 40mg £5.34; 80mg £8.18, and 160mg £14.50.

An introductory bonus of 100 tablets free with orders for 1000 is being offered, in addition to discount on £100 assorted generic orders. *Approved Prescription Services Ltd, Whitcliffe House, Whitcliffe Road, Cleckheaton.* ■

Inderal markings

Inderal tablets will shortly be marked with the letters "ICI" and the break-lines will be removed. The new tablets will be introduced into wholesalers from October 5 for the 10mg, 40mg and 80mg strengths and from October 26 for the 160mg strength. *Imperial Chemical Industries Ltd, Pharmaceutical Division, Alderley Park, Macclesfield, Ches SK10 4TF.* ■

Claforan indication

The product licence for Claforan has been extended to include the treatment of neonatal bacterial infections. Recommended dosage is 50mg/kg daily in two-four divided doses. In cases of severe infection divided doses of 150-200mg/kg daily have been given without ill effect. Roussel believe that the drug will be especially useful in the treatment of neonatal bacterial meningitis. *Roussel Laboratories Ltd, Roussel House, Wembley Park, Middx HA9 0NF.* ■

Diovol marketing

Pharmax will now be responsible for the distribution and marketing of Diovol, previously distributed by Carter-Wallace.

Bottles of 300ml (£1.48 trade) will replace the current 500ml pack and the tablets will continue in packs of 50. *Pharmax Ltd, Bourne Road, Bexley, Kent DA5 1NX.* ■

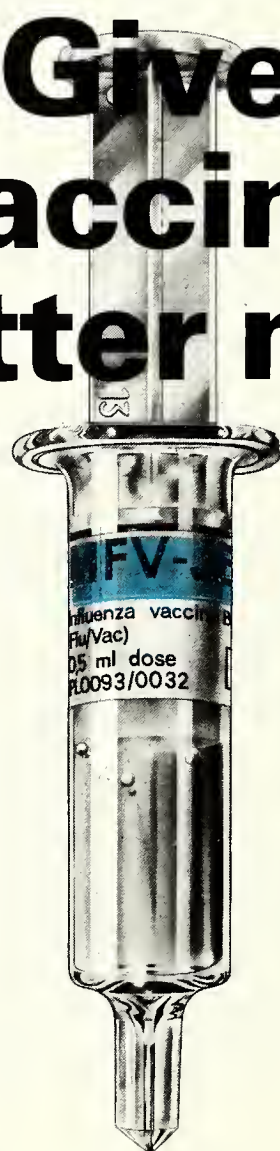
Aluphos dropped

Aluphos gel has been discontinued and all outstanding orders have been cancelled. *Fisons Ltd, Pharmaceutical Division, Derby Road, Loughborough, Leics.* ■

Baypen 500mg

Bayer are introducing a 0.5g strength of Baypen injection for paediatric use. It is available in packs of five vials at a trade price of £1.58 per vial. *Bayer UK Ltd, Burrell Road, Haywards Heath, West Sussex RH16 1TP.* ■

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£2m for Beecham's winter remedies

Display aids for Beecham's proprietary medicines this Winter include a multi-product stacking unit designed to take a range of the Winter remedies stock, a selection of giant size packs, linking box displays carrying illustrations from television commercials and a range of shelf edgers with an extra wide lip to ensure the edger stays in place.

Also available is a free standing corner unit highlighting all the main Beecham remedies being advertised on television this Winter.

An advertising spend of £2 million has been allocated to Veno's, Mac lozenges, Beecham Powders and mentholated, Day Nurse, Night Nurse and Setlers in a 16-week campaign commencing mid-November. The test market for Sucrets has also been extended to the Southern



television region. Television support will continue in the Scotland, Westward and Harlech regions. *Beecham Proprietary Medicines, Great West Road, Brentford, Middx TW8 9BD.* ■

Display material for hairbrushes

A range of POS material is to be introduced by Mason Pearson to support their hairbrushes. This will comprise a display stand with brush which can be either free standing or hanging, a display box with window showing a brush and



cleaning brush, a free standing display light (7½ in × 3½ in), a full colour show card (8 in × 12 in), a pocket size brush in a see-through plastic display box and a sales aid to encourage customer trial. Haircare leaflets are available to customers free. Mason Pearson have changed the address of their sales office to 37 Old Bond Street, London W1X 3AE. ■

Red Kooga offers

A "30p off" flash pack consumer promotion, and a trade bonus of £1.25 per case, is being introduced for Red Kooga ginseng in October. It will tie in with an Autumn magazine advertising

Minty Sensodyne goes national

Stafford-Miller are launching mint flavoured Sensodyne nationally, after what the company claims was a successful test market in the Yorkshire television area. Research found the Sensodyne taste was not ideal, new users did not continue the treatment and regular users did not use the product on a regular basis for maximum benefit. Hence the introduction of mint Sensodyne to eliminate these problems. It is available in 45ml and 75ml tubes at the same prices as regular Sensodyne. *Stafford-Miller Ltd, The Common, Hatfield, Herts.* ■

Carter-Wallace acquisition

Carter-Wallace have acquired Linco Beer shampoo from International Laboratories Ltd, and are planning a promotional campaign for the New Year. *Carter-Wallace Ltd, Wear Bay Road, Folkestone, Kent.* ■

Steiner suppliers

Richards & Appleby have been appointed distributors for the Steiner range of hair care products. *Richards & Appleby Ltd, Gerrard Place, Skelmersdale, Lancs.* ■

campaign. An editorial competition campaign is also scheduled in newspapers all over the country.

Cost of the flashed pack is £18.15 instead of the normal £21.12. Other discounts still apply. The offer is open to the end of October or while stocks last.

The advertising campaign will feature in *TV Times, Radio Times, Readers Digest, Observer Magazine, Cosmopolitan, Good Housekeeping, Punch, Here's Health and Healthy Living. English Grains Ltd, Swains Park, Burton-on-Trent, Staffs.* ■

Mucron on screen

Mucron is to be advertised on television for the first time with a £350,000 campaign starting this week. The campaign will run in bursts throughout the peak Winter period and continue until the 1982 hay fever season. Four commercials will be aired in all areas except Anglia, Ulster, Southern and the Wales and West regions. *International Laboratories Ltd, Charwell House, Wilson Road, Alton, Hants.* ■

Samples of Delph

Sample sizes of Delph cleansing milk and skin freshener will be banded to the 150ml sizes for a limited promotional period. For the first time since 1975, Delph will be advertised on television for four weeks in the London area, beginning mid-October. *Richardson-Vicks Ltd, Rusham Park, Egham, Surrey.* ■

ON TV NEXT WEEK

Ln	London	WW	Wales & West	We	Westward
M	Midlands	So	South	B	Border
Lc	Lancs	NE	North-east	G	Grampian
Y	Yorkshire	A	Anglia	E	Eireann
Sc	Scotland	U	Ulster	CI	Channel Is

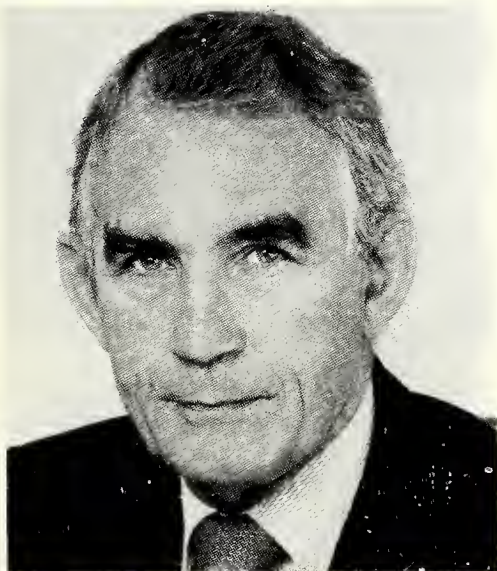
Anadin:	All areas
Askit powders:	All areas
Aspro Clear:	All areas except U, E
Clinomyn:	Sc
Colgate Dental Cream:	All areas
Cyclax:	All areas
Ex-lax:	So
Gibbs SR:	Ln, Lc, So, A, U, B
Matey & Miss Matey:	All areas
Mucron:	All except A, U, So, WW
Paddi Cosifits:	All areas
Rennies:	All except U, E
Sanatogen multivitamins:	All areas
Waxworks:	M
Yardley ESP lipstick:	All areas

Revlon consolidate franchise and back Charlie in pharmacies

The appointment of David Sharpe last week as an independent consultant to Revlon signals a fresh initiative to increase the number of Charlie accounts in pharmacies and consolidate the Revlon franchise for existing stockists. In a C&D interview Charles Scanlan, Revlon's chief (UK) executive, outlines his company's intentions.

Mr Scanlan is acutely aware that David Sharpe's appointment as a consultant underlines Revlon's desire to improve their image with the pharmacist and Charles Scanlan is in no doubt that he will speak plainly on company matters that are of no concern to him.

Mr Scanlan says that for him Mr Sharpe's appeal lies in his experience and that he says what he believes: "We are not always going to do what he wants us to, but with David we will not be able to avoid the issue".



Charles Scanlan

The current issue for Revlon has been a review of existing chemist franchises for cosmetics. Two years or so ago between 200 and 300 limited accounts were opened in pharmacies — carrying the Charlie fragrance and cosmetics ranges plus some Revlon products.

Pharmacies carrying this restricted

Revlon range have now been invited to support the franchise comprehensively and stock the full inventory. Mr Scanlan says that the process has continued with other Revlon stockists who have been given the opportunity to run the full Revlon line or Charlie only.

Between January and July there has been a reduction of 40 per cent in the

number of pharmacy accounts selling Revlon cosmetics, many retaining the Charlie fragrance / cosmetics only. The remaining Revlon chemist stockists increased sales of Revlon cosmetics — on average by 20 per cent in the period. "We want the chemist to have every opportunity for increasing Revlon cosmetics sales," says Mr Scanlan.

This base of full-range-Revlon pharmacy stockists will be presented with an all round development package. "They will be offered intelligent incentives to sell more products with a review of the business every quarter. There will be sales

Continued on p490

Which expectorant should you 'counter prescribe' for a barrister?

We submit it should be

Franyllyn Expect.



WinPharm's entirely new treatment for chesty coughs

- * Ideal pharmacological profile
- * Rapid action, prolonged relief
- * Does not cause drowsiness



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Compact.



Introducing the new compact Ladyshave

The lady's electric shaver market has more than doubled over the past five years, and continues to show staggering growth.

Philips Ladyshave remains clear brand leader, and now we're out to expand the market even more. We're introducing the new, more compact Ladyshave Special HP2132, with a redesigned shaving head.

To make sure everyone notices it on the shelves, we've come up with new packaging, and some arresting POS.

But in-store is not the only place that Ladyshave is going to be noticed.



PHILIPS

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NEW HP2132



Massive advertising spend.

Philips are putting a massive £5 million behind their Small Appliances. More than £½ million of this goes behind the Ladyshave TV campaign, running during the peak gift buying period of November and December.

We're also taking eye-catching full colour pages in national women's magazines, with an additional spend of £100,000.

And Ladyshave will be featured in the national dailies gift campaign, offering a complete money-back guarantee. Stock up and put your profits up.

Because the new Ladyshave can't fail to make a big impact. Available through Sangers Agencies Ltd.

The Ladyshave range.

Philips. The biggest name in small appliances.

Profit and training opportunities

and profit opportunities with retrospective volume discounts. But we will not stuff products in at the end of the year to meet a target.

"There will be margin opportunities and also training not necessary for the Charlie-only stockist. Revlon intend to appoint three regional training officers, one to each of the existing sales region, the first in January 1982. The existing training facility at Brook Street will continue in use and complement the regional schools.

Mr Scanlan also gave notice of his

intention to form a strong "chemists' club" with various benefits for the members such as access to any of Revlon's international staff if members should travel abroad.

A company newspaper is being prepared to inform stockists of relevant market information on Revlon, other companies and market sectors.

Revlon are currently drawing up a new stocking agreement for franchisers which will have been vetted by the NPA and the company's European legal advisers — it will give various guarantees. Pharmacists holding the Revlon franchise will be expected to carry stock valued at £1,500 trade and be able to turn this over four to six times a year.

Revlon are confident of their ability to get their relationship with the pharmacist right and plan to increase sales of Charlie fragrance and cosmetics by opening up to

2,000 new Charlie accounts.

This sales drive started on Monday using existing Revlon representatives — it is intended to appoint new sales persons to sell Charlie-only during 1982. A merchandiser specially designed for use in the UK pharmacy market to take the Charlie fragrance and cosmetic range can be floor, wall or counter supported, (dimensions 30½in (wide) × 20½in (deep) × 5½in (high)).



The unit stockholding for new accounts comprises 39 fragrance units at £106.19 trade and around 360 cosmetic items at around £300 — a total trade value of about £400 plus testers for lipsticks, colourwear, fresh eye colour and fragrance.

Mr Scanlan believes a stockturn of six on this parcel should be achieved without difficulty — Charlie stock will be delivered in Christmas packs with a "cinematics" life-style promotion and television support in particular areas.

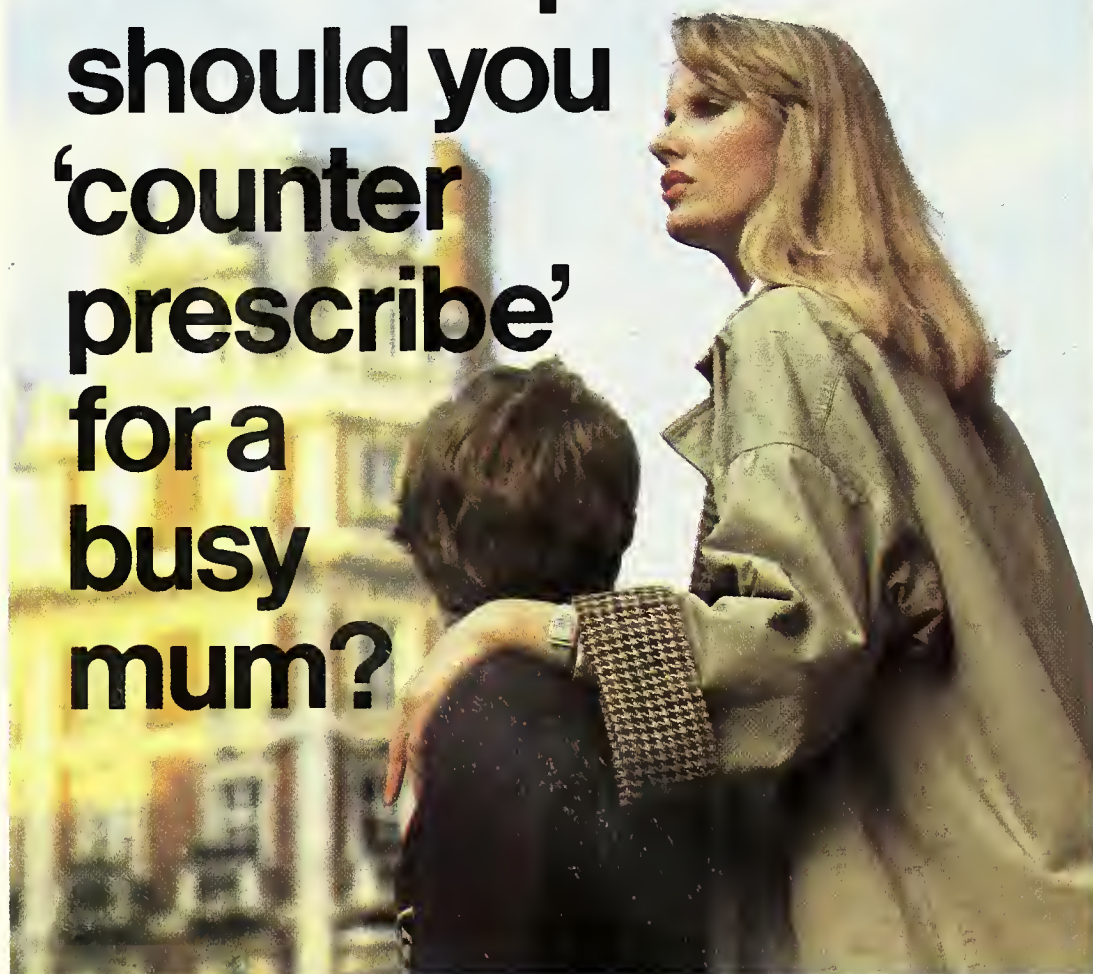


Mr Scanlan insists that the Charlie life-style message is as relevant today as it ever was and points to the latest market figures which indicate an increased market share and lead over the rival fragrances in support of his claim.

Any other company with a number-one fragrance in the medium price bracket would have opened 4,000-5,000 chemist accounts. Revlon have not done so

Continued on p492

Which expectorant should you 'counter prescribe' for a busy mum?



Her shopping list should include

Franolyn Expect.



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- * Rapid action, prolonged relief
- * Does not cause drowsiness

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The only product to combine specialised day-time treatment with specialised night-time treatment for colds and 'flu in one handy pack. Sufficient for 5 days and 5 nights.

For your professional recommendation, another great profit-winner from Parke-Davis

Benylin DAY AND NIGHT Cold Treatment

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Day and Night Cold Treatment is available in display outers and retail packs.
Normal per retail pack 55p
Large per retail pack 95p (15%).

Daytime tablet contains
Paracetamol 500mg
Pheniramine hydrochloride B.P. 25mg
Nighttime tablet contains
Paracetamol 500mg
Pheniramine hydrochloride B.P. 25mg

Indications

For the relief of the symptoms associated with colds and influenza.

Adult Dosage

Four tablets should be taken daily - three yellow tablets during the day and one blue tablet at night. Take only one tablet at a time, and only at the times of day indicated on the pack.

Do not take the night-time tablets during the day.

Children's Dosage

Not recommended for children under 12 years.

Contra-indications, warnings etc.:

Hypersensitivity to any of the constituents. Paracetamol can cause skin rashes, dizziness and palpitations. Caution should be exercised in patients with hyperthyroidism, hypertension, cardiac dysfunction, diabetes mellitus and liver disorders. Benylin Day & Night Cold Treatment should not be used during treatment with M.A.O.I.s or for two weeks after completion of therapy.

Do not exceed the stated dose - An overdose is dangerous; medical attention should be sought immediately. May cause drowsiness. If affected, do not drive or operate machinery. Not to be used in pregnancy. Avoid alcoholic drink. If symptoms persist, consult your doctor.

Legal Category P

Product Licence Holder:
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PARKE-DAVIS *Trade mark R81053

Sophisticated methods for pharmacy

previously because they are a "complicated" company with a multi-layered product structure. And they have not used pharmacies as a natural outlet because the company felt that the pharmacist had a hang-up about Revlon. Mr Scanlan says he understands the history and reasons for this. "What sense does it make for us to continue to remain outside pharmacy? As the leading retail company in the world we have available sophisticated methods of merchandising and promotion and will back this up with

advertising and television support".

In June they ran a test with a two-year-old Charlie television commercial and the results were an improvement on the original sales performance. "Charlie has been the most innovative promotional brand in the past five years. You won't recognise Charlie in three years time!"

A decision will be taken soon on the introduction of a new fragrance, Scoundrel, to the UK market — 1982 budgets were discussed in Paris last weekend.

Mr Scanlan is conscious of the variety of problems that have emanated recently from their Maesteg factory and warehouse — the occasional failure to deal with queries and produce stock with testers before receipt of invoice. But he is confident that the changes that occurred one month ago (C&D July 11, p70) and

the appointment of a specific person, Robert Stephens, to deal with chemist queries, will resolve the past difficulties (see Appointments). "But chemists still have an open line to me if necessary".

"In the past we may have been more accessible to the larger accounts and this is something we intend now to change with the appointment of Robert Stephens." Mr Scanlan also sees opportunities for pharmacists who wish to sell toiletries including the important Mitchum Thayer range. "Many retailers, including pharmacies, increased their sales considerably even though we extended sales into food outlets through brokers. Generating extra sales helps us to give the brands promotional and advertising support".

Mr Scanlan says that Revlon do not supply Argos and that they are watching the overall situation closely. "An important committee sits in New York to make sure that the international trading situation is fully understood throughout the company. We are not in the business of cheapening our image and have always been prepared to encourage orderly distribution.

Ivoire de Balmain was launched worldwide with a unified price throughout the world. The only price differentials are those brought about by fluctuations in exchange rates. Revlon say they hope to extend this policy through the range.

"We are using the Revlon franchise to rebuild Revlon in terms of quality and image and still increase our business and share of the market through toiletries".



David Sharpe, FPS

"Chemists should benefit from both these opportunities — our ability to understand the franchise, merchandising, advertising and promotion and our ability to sell premium priced toiletries to a wider distribution.

"Now our intention is to expand the chemist's share of the medium-priced fragrance and cosmetics market with Charlie. It is a question of how to get it to work properly for them".

David Sharpe is just starting down that road with Revlon, and with Graham Walker as a companion, pharmacists will look forward to a fresh view of the other side of the Revlon mountain. ■

Which expectorant should you 'counter prescribe' for a machine operator?



For the precise answer it's

Franolyn Expect.



WinPharm's entirely new treatment for chesty coughs

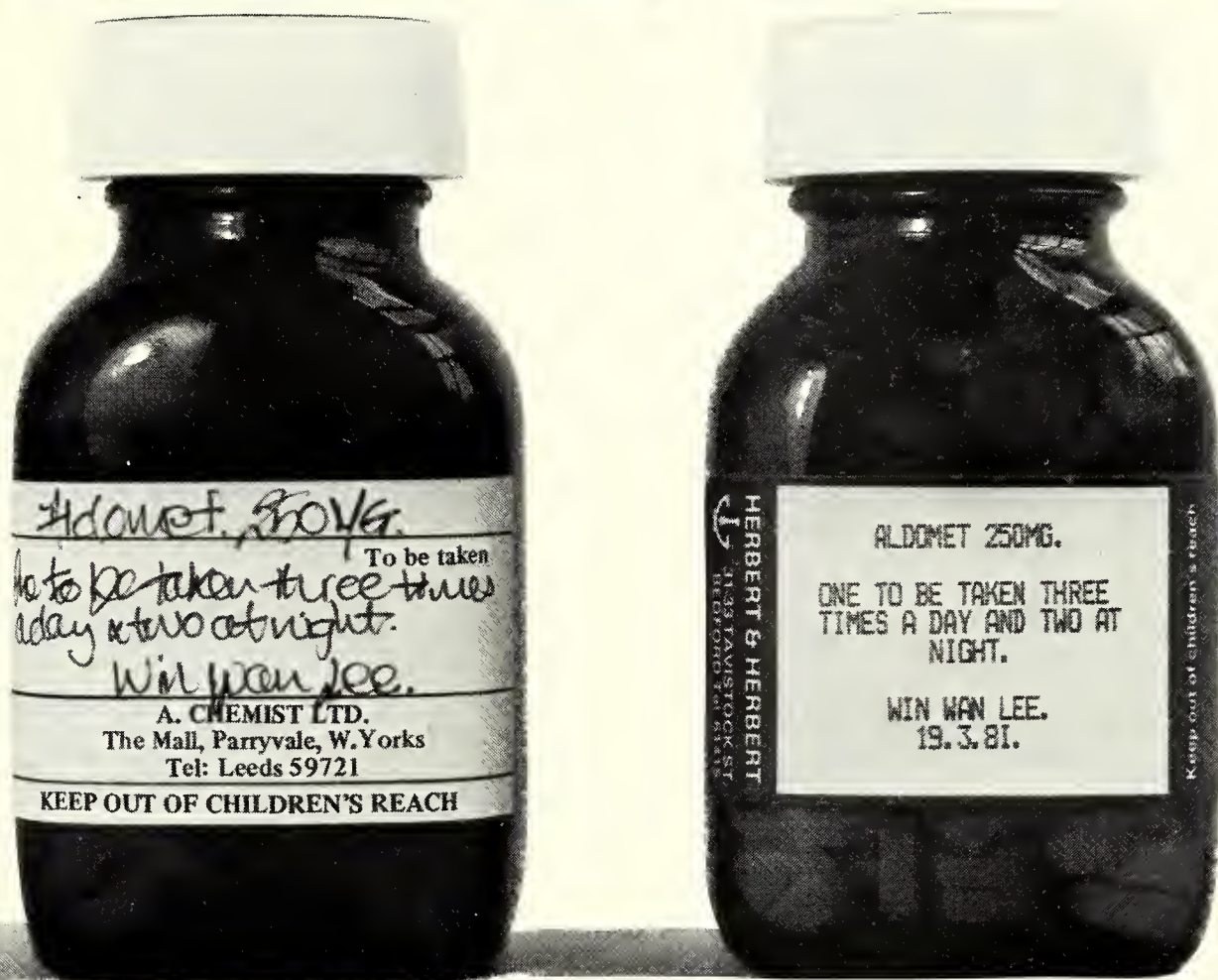
- * Ideal pharmacological profile
- * Rapid action, prolonged relief
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Be seen and heard with Vantage.

The campaign will consist of a comprehensive series of advertisements across local newspapers, local radio and the Woman's Realm.

	October	November	December
Womans Realm	3rd & 11th	8th & 15th	6th & 13th
Local Radio	5th to 11th	9th to 15th	7th to 13th
And we will be seen in 13 local newspapers in the areas covered by these stations.	194 beacon Radio Forth SWANSEA SOUND RADIO 210	METRO RADIO RADIO CLYDE RADIO TAY	RADIO HULLAM WEST SOUND NORTHSOUND

We have a special message to send to over 8 million people throughout Great Britain.....

Vantage is

Right on price, Right on your doorstep.

Vestric

We're always there, we always care.

VANTAGE

For further information about Vantage contact your local Vestric branch manager.

Augmentin: a remarkable new antibiotic

by Brian Lynn, BPharm, FPS, head of medical information and services, Beecham Pharmaceuticals UK division

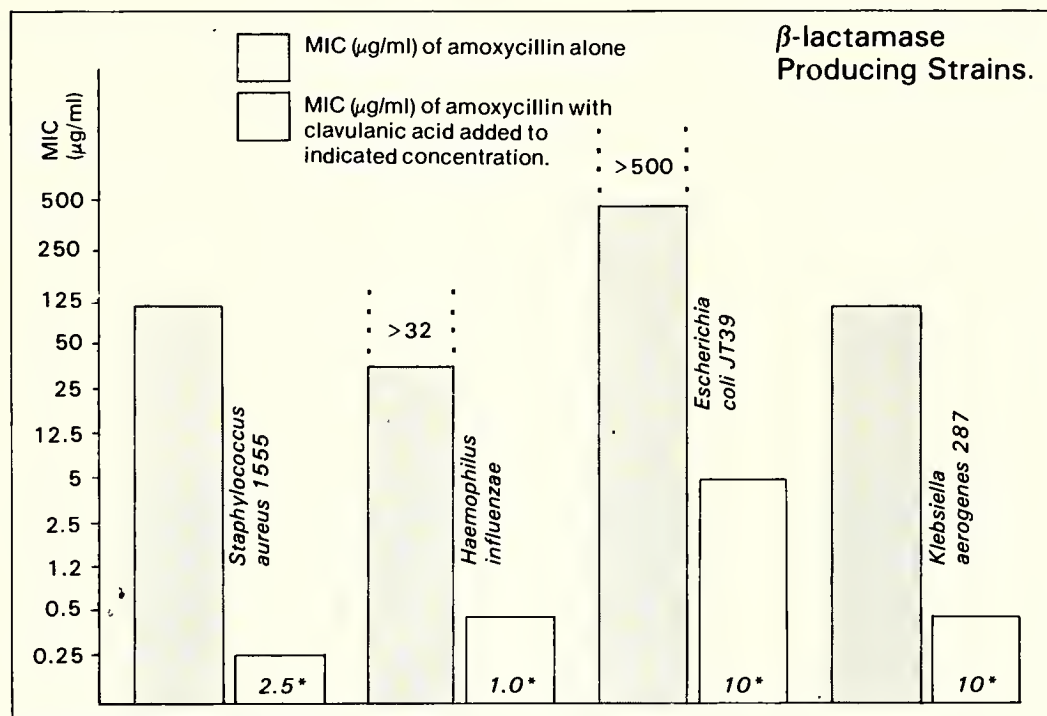
The launch of Augmentin by Beecham Research Laboratories is announced elsewhere in this journal. Augmentin represents a significant development in antibiotic therapy, since it contains clavulanic acid, the first beta-lactamase inhibitor to become available for clinical use.

The function of clavulanic acid is to prevent the destruction of a penicillin, in this case amoxycillin, by blocking the active site of bacterial beta-lactamase, so enabling the penicillin to exert its antibacterial effect.

Bacterial resistance

Almost as soon as antibiotics came into use there were reports of bacteria which were able to resist their action. In the case of penicillins, by far the most common resistance mechanism was the production of a beta-lactamase enzyme which disrupted the beta-lactam ring of the penicillin molecule and rendered the antibiotic ineffective. More recently another process has been widely reported, namely the ability of some bacteria to pass on their beta-lactamase production characteristic to otherwise sensitive bacteria by transferring an extra-chromosomal genetic element, or plasmid.

Reports of beta-lactamase-producing bacteria are becoming increasingly common and, of course, no one can forget the problems caused by the penicillin resistant staphylococci which



* µg/ml clavulanic acid added.

Figure 1

plagued our hospitals in the late 1950s and early 1960s. Interestingly enough, those problems were largely solved by Beecham's development of methicillin (Celbenin), undoubtedly one of the most important penicillins to be derived from the penicillin nucleus.

Research approaches

One approach to the problem of these resistant bacteria is to try to develop new antibiotics which are unaffected by the enzymes they produce. This has largely been the approach of workers developing new cephalosporins, the earliest examples of which were also subject to destruction by some beta-lactamase enzymes. However, so far the new cephalosporins which have improved beta-lactamase stability can only be administered by injection.

Research workers at Beecham approached the problem from an entirely different standpoint — that of trying to

find some way of neutralising the beta-lactamases so that penicillins could continue to be used. Ultimately a substance was identified in a culture of an actinomycete, *Streptomyces clavuligerus*, which appeared to have the desired property. This compound was given the name clavulanic acid.

Extensive microbiological testing showed that clavulanic acid had a remarkable ability to inactivate beta-lactamases of various types, rendering bacteria which were previously resistant to penicillin susceptible to its action. Quite small amounts of clavulanic acid are required to achieve this effect, as shown in figure 1, above.

The testing programme also confirmed that clavulanic acid has virtually no antibacterial activity on its own, so that its full value can only be demonstrated when it is administered with a beta-lactam antibiotic such as penicillin.

Continued overleaf

Figure 2: Antibacterial spectrum of augmentin

Organism	Minimum inhibitory concentration (µg/ml)		Organism	Minimum inhibitory concentration (µg/ml)	
	Augmentin§	Amoxycillin		Augmentin§	Amoxycillin
<i>Escherichia coli</i> NCTC 10118	4.0	4.0	<i>Ps aeruginosa</i> NCTC 10662	256	>512
<i>Escherichia coli</i> JT39*	16.0	>512	<i>Bacteroides fragilis</i> BC2*	2.0	32
<i>Klebsiella aerogenes</i> NCTC 418*	2.0	128	<i>Haemophilus influenzae</i> Wy21	0.25	0.25
<i>Proteus mirabilis</i> C977	1.0	0.5	<i>Haemophilus influenzae</i> VK38*	2.0	64
<i>Proteus mirabilis</i> C889*	16.0	>512	<i>Neisseria gonorrhoeae</i> V11	0.01	0.01
<i>Proteus vulgaris</i> E*	4.0	512	<i>Staphylococcus aureus</i> NCTC 6571	0.12	0.06
<i>Proteus rettgeri</i> 1	256	128	<i>Staphylococcus aureus</i> 1555*	2.0	256
<i>Enterobacter aerogenes</i> 1006	128	512	<i>Streptococcus pyogenes</i> CN10	0.01	0.01
<i>Serratia marcescens</i> US32	128	128	<i>Streptococcus faecalis</i> 1	0.5	0.5

* β-lactamase-producing strain

§ 1 part clavulanic acid, 2 parts amoxycillin

DRUG DEVELOPMENTS

Augmentin

Continued from p495

The formulation chosen for development consists of 125mg of clavulanic acid as potassium clavulanate and 250mg of amoxycillin as the trihydrate. This gives an antimicrobial spectrum as shown in figure 2 (p496), which encompasses both Gram-positive and Gram-negative bacteria, including anaerobes such as *Bacteroides fragilis*.

As can be seen from figure 3, the pharmacokinetics of potassium clavulanate resemble those of amoxycillin. Like amoxycillin, it also has a relatively low degree of binding to serum protein.

Clinical results

Clinical trials of Augmentin have been carried out in many parts of the world and have involved some 5,000 patients with respiratory, urinary tract, soft tissue, wound and other types of infection. Results have been very good, confirming that the microbiologists' observations were borne out in clinical practice.

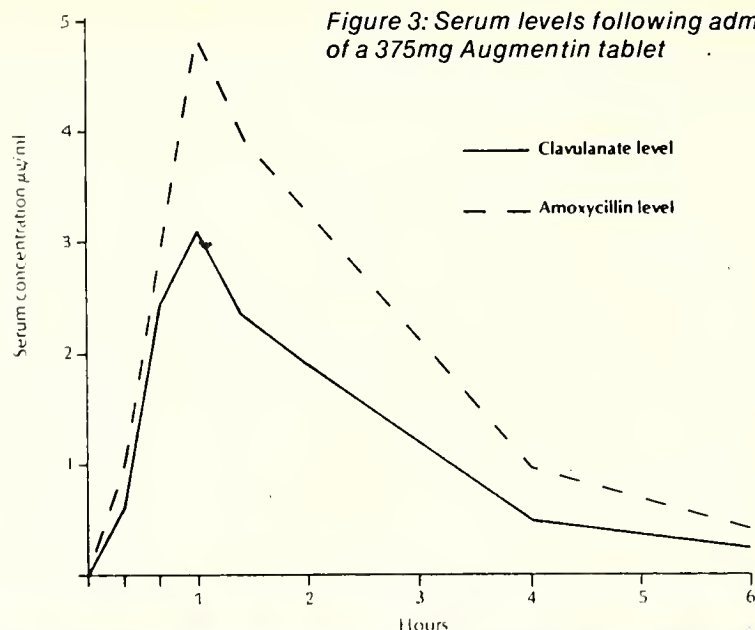
Reports so far suggest that the incidence of side effects with Augmentin is about the same as for amoxycillin, usually taking the form of gastro-intestinal upset. The usual dose of Augmentin is one tablet three times daily and this may be doubled in severe infections, if necessary.

The future

The history of the treatment of bacterial infection has traditionally been one in which the researcher has tried to remain one jump ahead of the bacterial capacity to adapt to new threats. Use of Augmentin should ensure first-time success in many previously intractable cases and also ensure that the problem of bacterial resistance is kept in check.

Several other pharmaceutical companies are working on beta-lactamase inhibitors. In addition many companies are working to develop antibiotics which are not affected by bacterial beta-lactamases. The fact that Beecham has succeeded sooner than the others is a tribute to British pharmaceutical research and an achievement of which we can all be justly proud. ■

Figure 3: Serum levels following administration of a 375mg Augmentin tablet



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	* Diazepam B.P. 2mg	1000	£ 3.50	
	* Diazepam B.P. 5mg	1000	£ 4.50	
	* Diazepam B.P. 10mg	1000	£ 8.00	
	* Frusemide B.P. 40mg	1000	£14.00	
	* Indomethacin B.P. 25mg	500	£14.00	
	* Methyldopa B.P. 250mg	1000	£48.00	
	* Methyldopa B.P. 500mg	500	£48.00	
	* Metronidazole B.P. 200mg	250	£ 6.00	
	* Nitrazepam B.P. 5mg	1000	£ 7.80	
	* Oxytetracycline B.P. 250mg	1000	£17.00	
	* Propranolol B.P. 10mg ● ● ● ●	500	£ 7.84	
	* Propranolol B.P. 40mg ● ● ● ●	1000	£36.63	
	* Propranolol B.P. 80mg ● ● ● ●	500	£27.37	
	* Propranolol B.P. 160mg ● ● ● ●	100	£11.64	
	* Quinine Bisulphate B.P. 300mg	500	£24.00	
	* Quinine Sulphate B.P. 300mg	500	£28.00	
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	Amitriptyline B.P.	Tablets 10mg.	1000	£ 4.90		
	Amitriptyline B.P.	Tablets 25mg.	1000	£ 9.50		
	Amitriptyline B.P.	Tablets 50mg.	1000	£18.00		
	Ampicillin B.P.	Capsules 250mg.	1000	£30.00		
	Ampicillin B.P.	Capsules 500mg.	500	£30.00		
	Ascorbic Acid B.P.	Tablets 100mg.	100	£ 0.50		
	Ascorbic Acid B.P.	Tablets 200mg.	100	£ 0.85		
	Aspirin Soluble B.P.	Tablets 300mg.	1000	£ 2.90		
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	Benzhexol B.P.	Tablets 5mg.	1000	£10.95		
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	Calciferol B.P. High Strength	Tablets	1000	£ 6.20		
	Calcium & Vit. D B.P.C.	Tablets	1000	£ 5.80		
	Chlorpromazine B.P.	Tablets 25mg.	1000	£ 2.90		
	Chlorpromazine B.P.	Tablets 50mg.	1000	£ 5.40		
	Chlorpromazine B.P.	Tablets 100mg.	1000	£ 8.80		
	Chlorpropamide B.P.	Tablets 100mg.	250	£ 3.00		
	Chlorpropamide B.P.	Tablets 250mg.	500	£11.00		
	Codeine Phosphate B.P.	Tablets 15mg.	250	£ 4.30		
	Codeine Phosphate B.P.	Tablets 30mg.	250	£ 7.77		
	Codeine Phosphate B.P.	Tablets 30mg.	500	£12.50		
	Codeine Phosphate B.P.	Tablets 30mg.	1000	£24.50		
	Codeine Phosphate B.P.	Tablets 60mg.	250	£16.22		
	Co-Trimoxazole B.P.	Tablets	500	£34.00		
	Digoxin B.P.	Tablets 250mcg.	1000	£ 2.60		
	Erythromycin B.P.	Tablets 250mg.	100	£ 5.08		
	Erythromycin B.P.	Tablets 250mg.	500	£24.80		
	Ferrous Gluconate B.P.	Tablets 300mg.	1000	£ 3.60		
	Ferrous Sulphate B.P.	Tablets 200mg.	1000	£ 2.50		
	Folic Acid B.P.	Tablets 5mg.	1000	£ 2.00		
	Ibuprofen B.P.	Tablets 200mg.	500	£10.00		
	Ibuprofen B.P.	Tablets 400mg.	250	£10.00		
	Imipramine B.P.	Tablets 10mg.	500	£ 1.45		
	Imipramine B.P.	Tablets 25mg.	1000	£ 3.00		
	Isoniazid B.P.	Tablets 100mg.	500	£ 2.40		
	Magnesium Trisilicate Co. B.P.C.	Tablets	500	£ 2.70		
	Nicotinamide B.P.C.	Tablets 50mg.	1000	£ 2.25		
	Nicotinic Acid B.P.	Tablets 50mg.	1000	£ 2.25		
	Nitrofurantoin B.P.	Tablets 50mg.	1000	£ 7.12		
	Paracetamol B.P.	Tablets 500mg.	1000	£ 3.95		
	Penicillin V B.P.	Tablets 250mg.	1000	£13.78		
	Phenobarbitone B.P.	Tablets 30mg.	1000	£ 1.50		
	Phenobarbitone B.P.	Tablets 60mg.	1000	£ 2.20		
	Phenylbutazone B.P.	Tablets 100mg.	1000	£ 3.00		
	Phenylbutazone B.P.	Tablets 200mg.	500	£ 3.50		
	Phenytoin B.P.	Tablets 50mg.	1000	£ 3.80		
	Phenytoin B.P.	Tablets 100mg.	1000	£ 4.40		
	Prednisolone B.P.	Tablets 1mg.	1000	£ 3.10		
	Prednisolone B.P.	Tablets 5mg.	1000	£ 6.00		
	Prednisone B.P.	Tablets 1mg.	1000	£ 3.10		
	Prednisone B.P.	Tablets 5mg.	1000	£ 6.00		
	Promethazine B.P.	Tablets 25mg.	500	£ 2.50		
	Reserpine B.P.	Tablets 0.25mg.	500	£ 2.00		
	Tetracycline HCL B.P.	Capsules 250mg.	500	£ 7.00		
	Tetracycline HCL B.P.	Tablets 250mg.	1000	£ 9.95		
	Thiamine Co. B.P.C.	Tablets	1000	£ 2.10		
	Thiamine Co. Strong B.P.C.	Tablets	1000	£ 2.75		
	Tolbutamide B.P.	Tablets 500mg.	500	£ 5.00		
	Vitamins B.P.C.	Capsules	1000	£ 4.40		

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SUPPLEMENT TO THE CHEMIST & DRUGGIST - 3rd OCTOBER 1981

Athlete's foot.

Why lock it up when you can stamp it out?

Athlete's foot is principally caused by a group of fungi known as Dermatophytes – and a spiteful little gang they are too!

There are, of course, several fungistatic products on the market, which can keep them safely locked up for a while. Trouble is, as soon as you stop the treatment, the gang is liable to bounce right back and start causing trouble again.

There's only one sure way to stamp them out – and that's with a fungicidal preparation. Like Tinaderm.

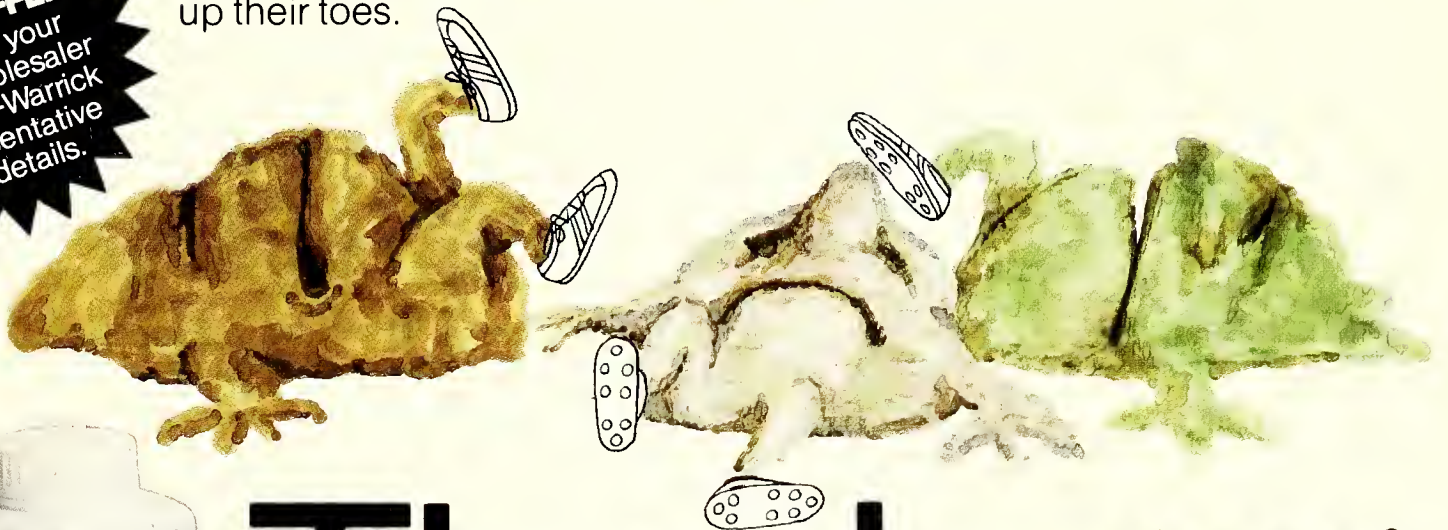
Tinaderm doesn't pussyfoot around the problem – it kills fungi, stone dead.

So next time a customer asks you for something to treat athlete's foot, remember the name Tinaderm. It's the one that makes Dermatophytes turn up their toes.

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Stamps out athlete's foot – fast!

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NEW
'counter prescription'
from WinPharm

Franolyn Expect.

**The entirely
 NEW treatment
 for chesty coughs**



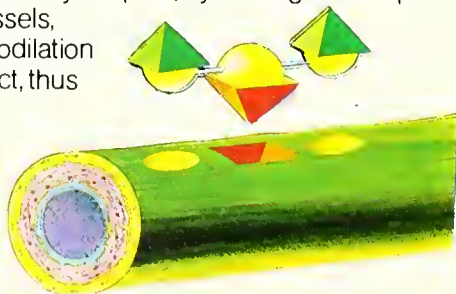
The right scientific pedigree

Each 5ml. of Franolyn Expect contains:
 Theophylline BP (Anhydrous) 60mg. Guaiphenesin BPC 25mg. Ephedrine BP 4.75 mg.

It's this unique formulation that makes
 Franolyn Expect the ideal expectorant for you to 'counter prescribe'.

Franolyn Expect reduces congestion

The ephedrine present in Franolyn Expect, by binding to the alpha receptor sites on blood vessels, reduces the degree of vasodilation in the upper respiratory tract, thus easing inflammation and reducing congestion in the bronchial tree.



Franolyn Expect dilates the bronchial tree

Ephedrine also binds to the beta-receptors on the smooth muscle around the bronchi and bronchioles resulting in muscle relaxation and so achieving bronchodilation.⁵ This action is reinforced by the inclusion of theophylline which interferes with the intracellular breakdown of cyclic adenosine monophosphate (AMP) – a key factor in the regulation of muscle contraction.^{5,6}



Franolyn Expect reduces mucus viscosity

Franolyn Expect contains the well known expectorant guaiphenesin, which has long been accepted for its ability to increase the output of respiratory tract fluid, consequently improving the flow properties of tenacious bronchial mucus.

Franolyn Expect increases air flow

By reducing congestion, dilating the bronchial tree and reducing mucus viscosity, Franolyn Expect achieves the fourth of the ideal criteria for an expectorant – increased air flow.

Franolyn Expect gives prompt & prolonged relief

Ephedrine has a rapid onset of action whilst that of theophylline is relatively slow but more prolonged. This prompt but prolonged relief of their combined action is not merely additive but, clinical studies suggest, actually synergistic in that they reinforce each other's bronchodilatory effect.⁷

Franolyn Expect does not cause drowsiness

Unlike many other over-the-counter cough remedies, Franolyn Expect relieves symptoms without causing drowsiness. This makes it ideal for ensuring that your customers' normal daily routines are not impaired and is particularly valuable in not affecting their concentration or alertness.

160 times every month, on average, your professional advice as a pharmacist is sought in the treatment of coughs and colds.¹ This significant fact, borne out in every recent survey, puts cough and cold remedies "Top of the League" in counter prescribing.^{2,3,4}

Until now you've only had half the answer. This year WinPharm have come up with an entirely new treatment for chesty coughs – Franolyn Expect.

New Franolyn Expect has an unique pharmacological profile and, compared with six of the best-selling over-the-counter cough remedies, Franolyn Expect alone fulfills all the criteria required of an ideal cough treatment – including that of not causing drowsiness.

Brand	1	2	3	4	5	6	Franolyn Expect
Reduces mucus viscosity		✓		?		✓	✓
Reduces congestion			✓		✓	✓	✓
Dilates the bronchial tree					✓		✓
Increases air flow					✓		✓
Rapid and long lasting relief							✓
Does not cause drowsiness	✓	✓					✓

The right commercial profile

Franolyn Expect now gives you the opportunity to "counter prescribe" an entirely new treatment for your customers. Like all WinPharm products, Franolyn Expect is:

- Distributed only to pharmacies
- Not advertised to the public
- Backed by Winthrop resources
- Comprehensive information facilities

PLUS • Special backing for local pharmacies

Special window displays

Designed to suit all shapes and sizes of window area, these highlight the pharmacist's professional skill and expertise and stimulate the public into asking for advice.

Key sites for poster campaign

Carrying a message which will motivate cough sufferers into asking for their local pharmacist's professional advice.

In-store sales aids

To assist in counter prescribing Franolyn Expect, a number of sales aids are available recommending that your customers should seek your advice about chesty coughs.

No one but WinPharm can claim to repay so handsomely the time and professional effort you spend in actively "counter prescribing" for chesty coughs.

PLUS

- Entirely new scale of introductory margins.

Each order you place for Franolyn Expect will bring you a really special level of bonus which could show you as much as **£34.38 profit on a £37.62 outlay**, equivalent to over 91% on cost or nearly 48% on net sales value, at best terms. See your WinPharm representative for full details.

References

- 1 Phelan, M.J. and Jepson, M.H., Pharm J., 1980, 225, 584
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Working with pharmacy for a healthier future

Full information is available from WinPharm, Sterling-Winthrop House, Surbiton-upon-Thames, Surrey, KT6 4PH.
"Franolyn" is a registered trade mark.

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Tests prove most new users prefer the fresh taste of New Mint Sensodyne. This means more and more people will switch to Sensodyne and use it day after day.

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Yorkshire test results were staggering. Total Sensodyne sales increased immediately by an incredible 40%. So now you can achieve bigger sales from this fast expanding market.

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More Choice. More Sales. More Profits.

Stafford-Miller Ltd., Hatfield, Herts.

Retailers' concern over rates increase

A Retail Consortium sample survey confirms that there has been a substantial increase in commercial rates — the Consortium chairman, Mr Colin Paterson, has therefore written to the Secretary for the Environment, Mr Michael Heseltine, expressing "very grave concern".

The survey of leading retailing companies shows rates have increased on average by 26.35 per cent in 1980-81 and 25.72 per cent in 1981-82. However these figures are said to mask the fact that some retailers have been faced with rate increases this year of as much as 80 per cent — "and there is the daunting prospect of supplementary rates being levied by some local authorities this autumn. This is at a time when consumer demand affected by the recession has led to the need to maintain turnover at the expense of profits."

In addition to rates there has been a substantial increase in the cost of other public utilities over the past two years. Mr Heseltine is proposing to publish a Green Paper in the autumn on rates and Mr Peterson says: "I want him to take action to bring home to local authorities that no longer can the commercial and manufacturing sectors be used as a milchcow to be milked at will by councils with profligate spending policies without severe consequences for employment and the battle against inflation."

Sick pay proposals

Mr Paterson has written again to Mr Patrick Jenkin, Social Services Secretary, about the Government's proposals for compensating employers for statutory sick pay. He explains that retailers would prefer Government to retain responsibility for the payment of sickness benefit; however as a result of the meeting on August 10 with Hugh Rossi, Minister of State, the Consortium now recommends that the Government:—

- ☐ Meet the direct costs of the short term sickness benefit in full.
 - ☐ Provide full compensation to employers for the administration of the scheme by a reduction in the employers National Insurance contribution.
 - ☐ Ensure that any system cannot be manipulated by future governments to the detriment of employers.
 - ☐ Discard the proposed self-certification proposals as they would lead to abuse.
- Mr Colin Paterson points out that

retailers employ some 2.4m workers, many of them school leavers or women working part-time. The average wage in the industry is therefore lower than average and Government's current proposals would severely penalise retailers. "In these difficult trading times we cannot take on any extra costs without reducing labour and we therefore ask Government to think again." ■

■ The Swindell's Trophy was won by Mr H. Coward, vice-captain of the South London and Surrey Pharmacists Golfing Society, at their recent event at Betchworth Park Golf Club. The Scotia Bowl for best medal score of the day was won by Dr T. Martin, with runner up Mr G. Roberts. Prizes were provided by Cow and Gate Ltd.

■ Unichem have won a £2,000-plus order to supply five London hospitals with Pride pharmacy computer systems. The hospitals involved are St. Thomas', Guys, Kings, Lewisham and Dulwich, and Pride's main function will be to monitor the cost and use of drugs.

Witco Chemical SA are to market a new cosmetic fluid emollient, Finsolv TN (C12-15 alcohol benzoate), under licence from Finetex Inc. The emollient is "suited to a variety of cosmetic formulations and all types of sunscreens".

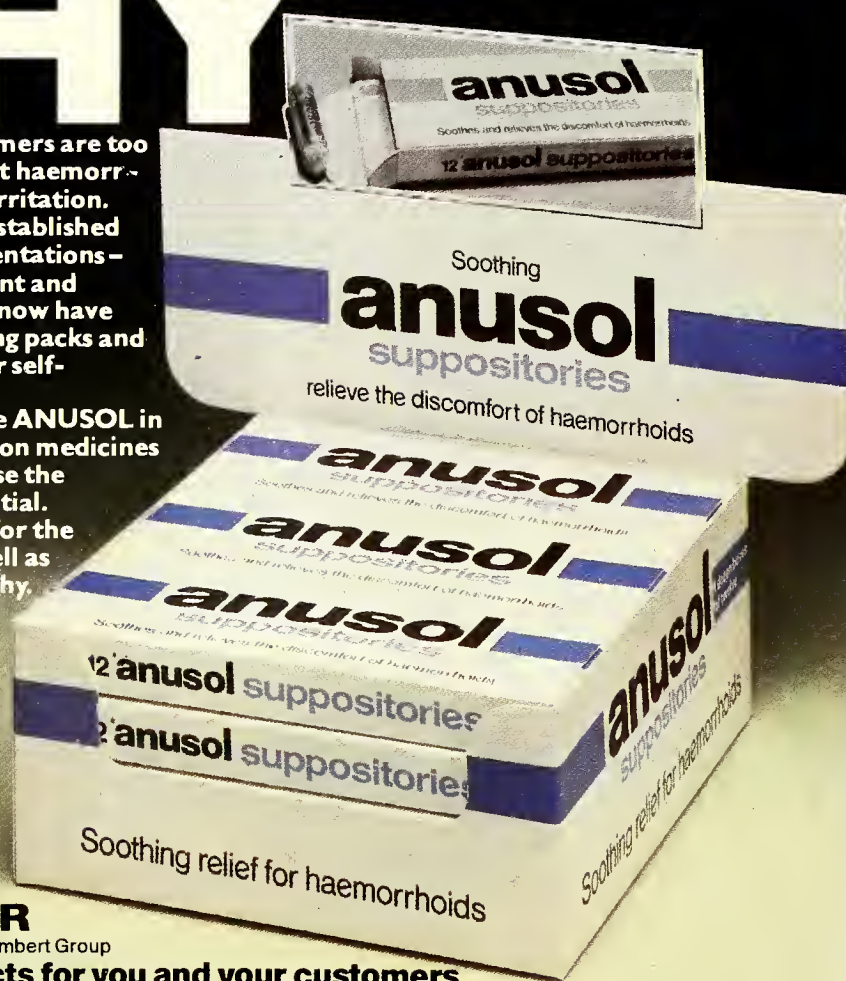
FOR THE PAINFUL SHY

Some customers are too shy to talk about haemorrhoids and anal irritation.

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Good news for the Pharmacy, as well as for the painful shy.



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Active ingredients: Cream: Bismuth oxide, Balsam Peru BPC 1973, Zinc oxide Ph Eur, **Ointment:** Bismuth subgallate BP, Bismuth oxide, Balsam Peru BPC 1973, Zinc oxide Ph Eur, **Suppositories:** Bismuth subgallate BP, Bismuth oxide, Balsam Peru BPC 1973, Zinc oxide Ph Eur, William R. Warner & Co. Ltd., Usk Road, Pontypool, Gwent NP4 0YH. Further information and data sheet available on request.

*Trade mark. R81106

■ **Property company, Fred Pallett Ltd of Garrett Street, Nuneaton, have received planning approval to build a medical centre, a pharmacy and offices on a site between Coton Road and Riversley Road, Nuneaton.**

■ A pharmacy is to be built in the new 676 bed District General Hospital being built at County Road, Bridgend,

■ One of the items included in the **East Anglian RHA** capital schemes for the period up to 1985/86 is a proposed £612,000 city centre health clinic at Peterborough.

■ Wellcome Foundation are seeking planning permission for a detached single-storey building of 495 sq m for the production of interferon vaccine at 138 Langley Court, South Eden Park Road, Beckenham, Greater London.

■ **ICI pharmaceutical division, Alderley House, Alderley Park, Macclesfield, is seeking planning approval for a laboratory and offices at Mereside, Alderley Park.**

for a lorry driver?

Franolyn Expect.



- * Ideal pharmacological profile
- * Rapid action, prolonged relief
- * Does not cause drowsiness



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Since that infernal machine came into our life,
It's been a bone of contention twixt
 husband and wife.
He loves any gadgets and can't live
 without them,
Whilst I hate them all and could manage
 without them.
I must press buttons here and press
 buttons there,
When I press the wrong ones I feel
 instant despair.
There are times when I feel I could bite it
 or kick it,
Or give it to Botham to use as a wicket.
His Lordship informs me that wouldn't be
 cricket,
So, maybe, instead I will get Him to fix it.
There's simply no doubt that this
 wretched computer,
With a mind of it's own, gets right up my
 hooter.

One saving grace, to my delight,
It gives me much more time to write.
Doreen Davies (Mrs)
Wiveliscombe, Somerset.

The recent fining of two Birmingham pharmacists (*C&D*, September 12, p418), who dispensed ear drops instead of eye drops, brought to the mind of a Glaswegian correspondent, the sad case of Donald Robertson, erstwhile resident of Eshaness, Shetland. He died on June 4 1848, and his epitaph in Crosskirk churchyard should be a caution to us all:

“He was a peaceable, quiet man, and to all appearances, a sincere Christian.

His death was much regretted, which was caused by the stupidity of Laurence Tulloch, in Clothister, who sold him nitre instead of epsom salts, by which he was killed in the space of five hours after taking a dose of it."

Indeed, it is difficult to know who is the more to be pitied, the deceased, who must have had a most unpleasant end, or the unfortunate Laurence, whose infamy is preserved for all to see. ■

Public's knowledge of cough medicines 'often inadequate'

The public's knowledge of cough medicines is often inadequate and offers considerable potential for extension of the pharmacist's advisory role. This was the conclusion of one of the papers presented to Tuesday afternoon's practice research session during which six speakers competed for the *C&D* Conference Medal and Award. The winner was to be announced later in the week, after *C&D* went to press.

Nearly a third (32 per cent) of people questioned in a survey had bought the wrong preparation for their type of cough, mainly because a strong suppressant had been purchased for a productive cough.

The authors of the paper — Miss Diane Elliott and Mr M.H. Jepson, Aston University department of pharmacy — considered that only 23 per cent of the cough medicines bought were suitable for the type of cough allegedly being treated, while 43 per cent were "acceptable"; 77 per cent of the medicines taken were claimed by patients to have been effective.

Most of the 180 people questioned about the last cough mixture bought, had sought advice from their family (27 per cent) or friends (18 per cent) rather than the pharmacist (18 per cent). The rest had consulted the chemist's assistant (12 per cent) or a doctor (15 per cent), or had made their own choice (6 per cent); 57 per cent had asked a pharmacist for advice in the past, two-thirds of whom had been sold a pre-packed preparation, although only 30 per cent said they preferred this type of product.

Advertising influence

The authors were surprised at the apparently minor influence of advertising. Only 3 per cent claimed that television advertising was their source of information and only 1 per cent had seen the product in magazine advertising.

Most of the interviews were carried out in December and January but the authors were also surprised that about 70 per cent of those questioned had not bought a cough mixture within the previous four weeks. This finding

reinforced their impression that many cough medicines are bought for all members of the family rather than for specific treatment of a particular cough. Just over half said they always bought the same product while this proportion rose to 70 per cent for senior citizens.

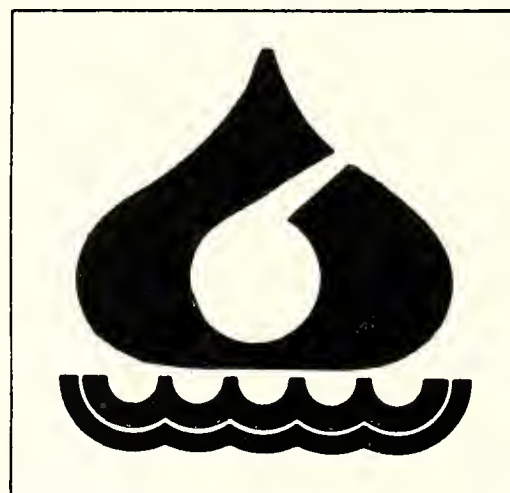
Benylin Expectorant was the most frequently bought, with Gee's linctus in the top four. A third of those questioned placed effectiveness before price, although 70 per cent of senior citizens were unwilling to pay over £0.75. Flavour and colour were not generally considered important.

Significance of drug history taking

Mr Peter Dawson and Mr S. Gray, McMaster University Medical Centre, Ontario, Canada, studied the clinical significance of the drug histories pharmacists obtained from hospital patients.

One hundred patients were interviewed independently by a pharmacist and by a physician within 24 hours of admission. The drug histories were compared and the physician told of any extra information available from the pharmacist interview, which gave him the chance to modify his prescribing.

The pharmacist obtained more drug history than the physician, particularly about non-prescription drug use, but no clinically significant differences were found. All clinically relevant information, although frequently not recorded by the physician, was used in prescribing. No orders needed changing as a result of extra information from the pharmacist.



PRACTICE RESEARCH

Clinical knowledge

For a clinical pharmacist to perform effectively, he or she needs not only a sound pharmaceutical knowledge, but considerable experience of the clinical use of drugs in relation to symptoms and diagnosis.

This was the opinion of Dr William Hunt, Hatfield Polytechnic, and Dr Peter Noyce, Northwick Park Hospital pharmacy department, who studied the value of various approaches to providing clinical pharmacists with the necessary background information.

Prescribing analyses, although providing epidemiological data and highlighting prescribing anomalies, do not give an understanding of prescribing behaviour, they suggested. However, attendance at psychiatric out-patient clinics and on ward rounds gave useful experience in clinical consultation and decision-making, and intensive study of case histories was particularly profitable.

Guidance on total parenteral nutrition

Mr E.M. Philip and Mr I.M. Sharkey described how a "Total Parenteral Nutrition Guide" had been devised at Preston Hospital, North Shields.

The booklet deals with all aspects of TPN in a step-by-step manner and is intended to help medical and nursing staff unfamiliar with the technique. It gives guidance on the type of patient most likely to benefit from TPN and the formulations most suitable for "fit" or "ill" patients. There are sections on insertion of the catheter and its care, the choice of equipment, the problems that can arise, and the return to enteral feeding.

Continued on p506

10
BABIES'
BRUSH

20
CHILDREN'S
BRUSH

30
YOUNG PERSONS'
BRUSH



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Patients prefer a new labelling system

Mr John Kendray and Mr R.M.E. Richards, Strathclyde University department of pharmaceuticals, evaluated the effects of a new labelling system on patient compliance.

Data was collected on 110 prescriptions from 29 patients who were randomly allocated to the study group or control group. The study system consisted of two master labels, one giving basic

information such as the patient's name and the date, and the other giving dosage instructions relating to meal times. Supplementary labels gave lay titles and further instructions on medicine use.

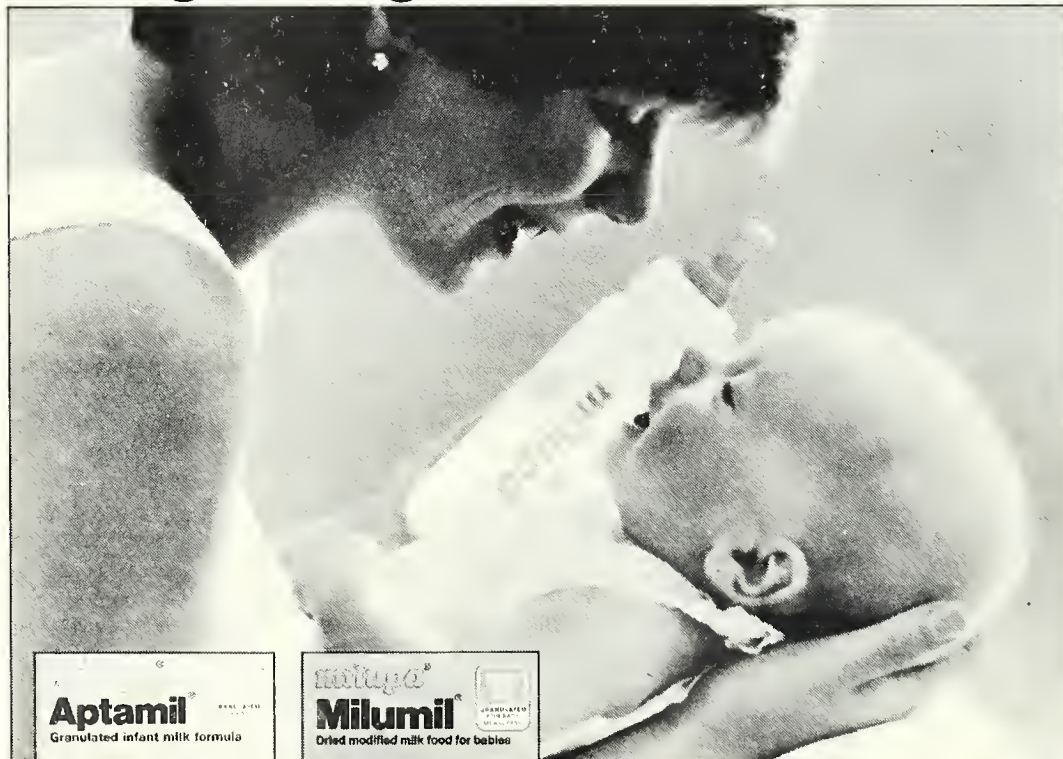
The control system used one label only, with the dose pre-printed and the name of the medicine and patient, and date of dispensing written on at the time of dispensing. Patients were visited at

home 10-14 days after discharge and compliance was calculated from the amount of medicine remaining.

There was no significant increase in patient compliance with the new system and the level of compliance in both groups was high. A significantly greater percentage of patients in the study group knew the current name of their medicines, details of side effects, precautions and timing of administration in relation to meals, but there was no significant difference between the two groups when knowledge of medicines obtained previously was excluded. There was a significantly higher preference among patients for the new system. All patients preferred typed or printed labels.

The authors concluded that before the system could be recommended for general use, further research was needed into various aspects such as computerisation, development of patient leaflets to be used at the same time, and assessment in general practice. The system was based on one described in 1979 by W.A. Beanland and E.R. Tallett.

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High contamination of IV infusions

Routine addition of drugs to intravenous infusions should be carried out only in the aseptic conditions of a hospital pharmacy, according to researchers who studied the microbial contamination of IV fluids during clinical use. S.P. Denyer, J.E. Blackburn, A.K. Worrall and S.M. Young, Nottingham University school of pharmacy, together with S. Ellis, Nottingham University Hospital pharmacy, surveyed IV drug administration practices on the hospital wards over three months. Of a total number of 1,279 infusions, 906 were given with no further manipulations such as bolus injection, side-line administration or drug addition into the infusion container. Aseptic techniques were monitored and deviations noted.

When a proportion of the infusions was tested for sterility, it was found that 9 out of 39 infusions which had been subjected to further manipulations were contaminated (23.1 per cent), as were 7 out of the 48 containers with no manipulations (14.6 per cent). Six of the 16 containers to which drugs had been added (37.5 per cent) were also contaminated.

The authors concluded that current ward practices and poor aseptic technique were to blame. The organisms isolated were frequently found to be skin commensals or airborne contaminants. ■

BP CONFERENCE

Efficiency of antacids

Work done on 22 commercial antacid tablets has shown that Antasil is the most efficient in terms of duration of neutralising capacity.

In an experiment described during the science sessions, 0.1M hydrochloric acid was added at intervals to each of the powdered antacids in a pepsin solution until the antacid failed to raise the pH above 3. The time at which this happened was noted and the total volume of acid added was taken as a measure of the neutralising capacity. The most suitable particle size of powdered tablet to use was predetermined by analysing the saliva of volunteers who had sucked the tablets for five minutes.

Antacid efficiency, measured as the area under the cumulative acid volume/time curve, was found to be — in decreasing order — Antasil, Andursil, Prodexin, Altacite, Asilone, Dijex, Gastalar, Actonorm, Polycrol Forte, Diovol Forte, Diovol, Nulacin, Aludrox, Titralac, Actal, Droloxin, Polycrol, Gelusil, Maalox, Polyalk, Gaviscon, Siloxyl.

The researchers — Mr S.P. Pattani and Dr M.H. Rubinstein, Liverpool Polytechnic school of pharmacy, Dr T.D. Duffy, Mersey RHA, and Dr D.S. Ireland, Sefton AHA — say that neutralising capacity can generally be predicted from the formula, for example, Antasil contains twice as much aluminium and magnesium hydroxides as Diovol and has twice the neutralising capacity. However, formulation is also important because Maalox was inferior to Antasil yet both contained the same amounts of antacid ingredients. Similarly the duration of action cannot be predicted simply by comparing the amounts of active ingredients. The researchers suggested their technique could be adopted as a routine quality control procedure.

Dr Rubinstein, Dr Duffy and Dr Ireland, together with Miss J. Shiers, Liverpool Polytechnic, have also developed a method of measuring antifatulent activity, based on the ability of the antacid to reduce the height of a column of foam.

Andursil was found to have the best antifoaming properties followed, in descending order, by Asilone, Polyalk, Diovol, Altacite Plus, Siloxyl, Polycrol, Antasil, Asilone gel, Polycrol Forte, Maalox, Dijex, Actal, magnesium hydroxide BP, Gelusil, and Altacite.

Those preparations containing dimethicone (all except the last six)

produced significant reductions in foam height, although no relationship between the amount of dimethicone and the ability to reduce foam height could be demonstrated. Andursil and Antasil both contained 150mg dimethicone in 5ml but Andursil had better antifoaming activity.

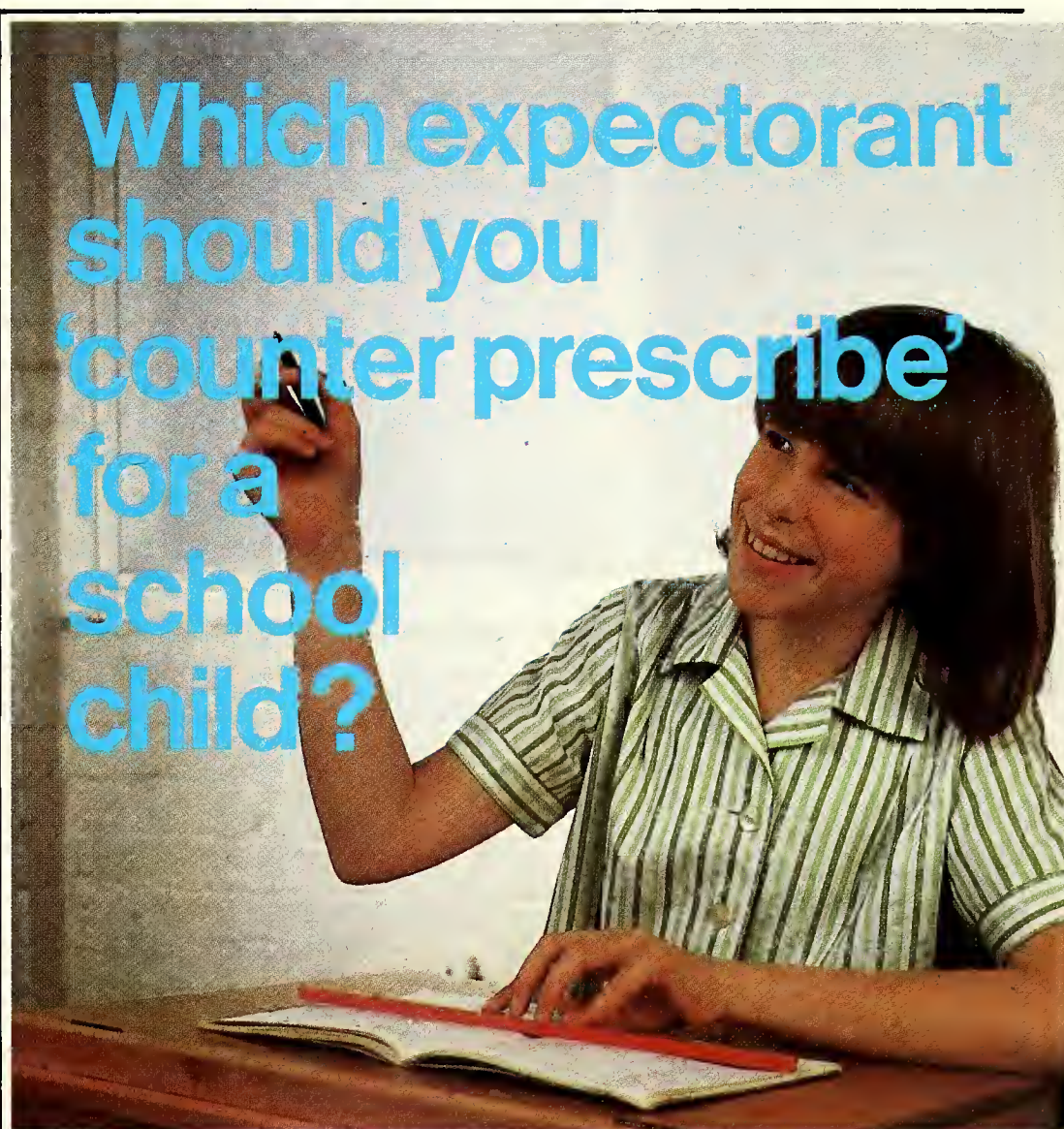
The most viscous preparations — the protective antacid gels — gave smaller foam reductions than identical preparations formulated as suspensions, for example, Asilone gel and Asilone suspension, probably because the dimethicone was entrapped in the gel



SCIENCE SESSIONS

matrix and its availability reduced.

□ Over 80 papers and over 30 posters were presented in the science sessions. ■



Which expectorant should you 'counter prescribe' for a school child?

It's top marks for

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- * Ideal pharmacological profile
- * Rapid action, prolonged relief
- * Does not cause drowsiness

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For further details see centre pages



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Breast milk is the preferred feeding for the newborn. Infant formula is intended to replace or supplement breast milk when breast feeding is not possible or is insufficient, or when mothers elect not to breast feed. Professional advice should be followed on matters of infant feeding and the cost of formula considered when deciding how to feed babies.

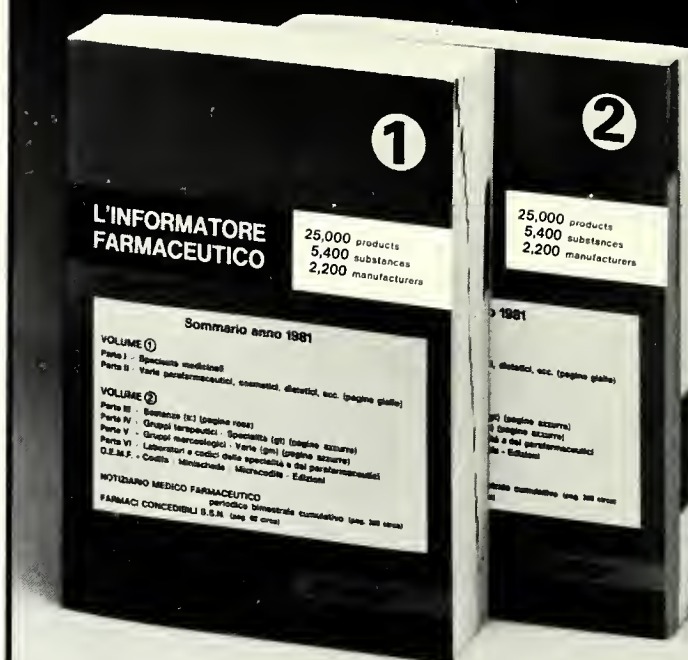


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Information to patients — 'guidance urgently needed'

Pharmacists should be responsible for the total pharmaceutical care of patients 24 hours a day, 365 days a year, in return for a capitation fee. That suggestion came from Mr John Balmford, general practice pharmacist and member of the Pharmaceutical Society's Council, during Monday's professional session.

Mr Balmford also suggested that national guidelines for pharmacists and doctors should be published on the information that should be given to patients, possibly in the British National Formulary. The following is an abstract of his paper:

The main reasons for as much relevant information as possible being provided to patients are: The patient's rights, the need to improve compliance and the pharmacist's responsibility with regard to strict product liability.

Why should information be provided for over the counter products, some of which are relatively innocuous, when the same products and more potent Prescription Only Medicines are often dispensed with no warnings or information of any sort?

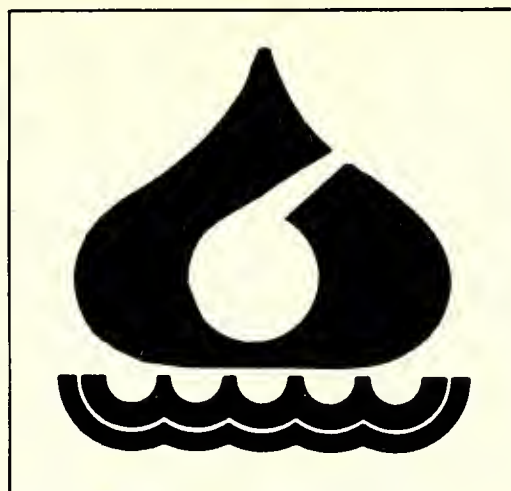
The profession's leaders are largely to blame for lack of central guidance. The main reason for the delay is that we have been awaiting the results of the Department of Health working party which was set up in 1978, largely at the instigation of the Society, but which has ground to a halt. The King's Fund Centre has now put forward proposals on certain aspects but a decision has still to be made on the source of finance. It is vital that a decision should be taken before long because the work should provide hard information rather than opinions, which will affect the attitudes of the profession and the public alike.

National guidelines are essential to prevent patients receiving conflicting advice from different sources. Recently the Society's Council agreed that the department of pharmaceutical sciences should investigate the production of a guide to patient information, a move that is about five years too late.

The BNF would be an ideal vehicle for such advice because it can be updated every six months and is the only reference book in daily use by pharmacists and physicians. Each profession would therefore know what information was being given and all advice would be complementary rather than conflicting. It would be valuable if agreement could be

reached in time for details to be included in next February's BNF.

I welcome the recently announced Government inquiry into the role of the pharmacist and I believe it will recommend many things that I advocate as making the best use of available



PROFESSIONAL

resources, for example, patient registration with pharmacies and planned

Continued overleaf

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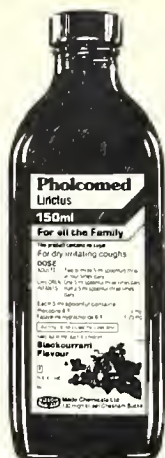
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- * Does not cause drowsiness



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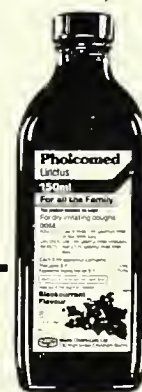
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Pharmacy _____

Address _____

Continued from p509

Information to patients

distribution with only pharmacists being allowed to dispense NHS prescriptions.

Patient registration could be extended so that each pharmacy would have total responsibility for the patients' pharmaceutical care, 24 hours a day, 365 days a year, in return for the payment of a capitation fee. Pharmacists rightly claim to be experts on medicines and that dispensing by untrained assistants in doctors' surgeries is not in the patients' interest, but too often pharmacists fail to provide a comprehensive out of hours service. They rely on doctors to provide emergency supplies and to dispense in areas where it is inconvenient for pharmacists to provide the service. Patients cannot confine their illnesses to 9am-5.30pm on 5½ days a week, or ensure that they live no more than a mile from a pharmacy.

Record keeping would enable pharmacists to keep complete medication profiles and they would also have an outline of patients' clinical conditions so more constructive advice could be given.

A survey carried out in 1980 showed that advice was given gratuitously with only about 1 per cent of all dispensed medicines, a very low figure although some other information was given on request. If pharmacists had total pharmaceutical care the figure would be much higher because the pharmacist would not presume that someone else had provided information. Understanding the treatment and its need would no doubt help patient compliance. Such patient registration schemes would be self-financing because of the virtual elimination of waste.

Labels on containers of dispensed medicines should be legible, simple and yet complete, leaving nothing to supposition. Warnings should be given on additional, coloured labels. Timing of doses should be clearly stated and, if possible, should be related to the intake of food or the beginning or ending of the patient's day. Talks have been held with the General Medical Services Committee with a view to publishing standardised interpretation of instructions in the BNF.

Patient information leaflets should be kept to a minimum and their content simple. The US Food and Drug Administration is having second thoughts about introducing compulsory patient package inserts to describe in lay language the drug's properties. Although each leaflet cost only about 50 cents the true cost was estimated at about \$1,900m a

year if the pharmacist's salary, the cost of modifying pharmacies to accommodate vast numbers of leaflets and the estimate of inflation over the five year phase-in were included. The FDA is now conducting field trials in conjunction with drug companies to find the most effective vehicle for patient information.

All printed instructions are only useful if fully understood and there is no substitute for counselling. Pharmacists should not just counsel at the time of issuing the medicine, but follow up by telephone or visit to ensure compliance. For several years I have been making domiciliary visits and on every occasion I have found hoarding of medicaments. I have always discovered the reasons and explained the purpose for each item.

Not only should a pharmacist be able to provide information but also to receive it from patients. The Society has proposed to the Committee on Safety of Medicines that pharmacists should record and report adverse reactions to the patients' GP. The Society is also considering the possibility of duplicate cards being sent to 1 Lambeth High Street, for monitoring. To provide and receive information, the pharmacist must be readily available to patients — not hidden away in a dispensary. I appreciate the problems of the work load and organisation my ideas will create but the correct use of pharmaceutical manpower and having open-planned pharmacies will help.

A pharmacist who hands a medicine to a patient could be open to criticism if that patient comes to harm through not being adequately informed about its use.

Pharmacist's role should expand

The pharmacist offers the five A's — accessible, acceptable, appropriate and accurate advice according to Dr Maryon-Davis, acting chief medical officer of the Health Education Council.

Dr Davis spoke on "Information to patients: medical aspects", at Monday's professional session and said that the pharmacist in the high street was a warm and friendly person who speaks the same language as the patient, knows what they want to know and really understands them and their medicines — at least that is their potential.

The patient needs information in order to participate in health care and is now beginning to demand it. He may need nothing more than information, but gets medication instead. Doctors complain that they have not time to delve into the whys and wherefores of a patient's problems, but the irony is that careful use of time in the consultation, use of written

information and judicious delegation to other members of the primary health care team — including the pharmacist and patient himself — actually makes more time.

"Non-compliance among ambulatory patients is quoted as 25-50 per cent and I suspect the doctor is more often than not at fault. Partly because in many cases a prescription is inappropriate, unnecessary, unhelpful or uncomfortable and partly because the patient is suffering from a severe lack of information — he either does not know about his treatment or does not care." Dr Davis had earlier referred to the fact that on average two out of every three consultations ended with a prescription, but that the patient expected one on only half of them.

The pharmacist's role should be expanded into more general health advice and perhaps into diagnosis and medical sorting. There had been recent debate and a *British Medical Journal* leader about "pharmacists as doctors". "Liaison with doctors, patient registration with pharmacists, record keeping, domiciliary services, are all part of the potential picture and I for one would like to see pharmacists taking on a much less tentative and more established role in primary care. However, pharmacists as a whole cannot really be said to be fully behind this move. Indeed there is some evidence that they are not really making the most of their present opportunities.

"Despite this cautionary note, I would hope that pharmacists do come to be involved themselves in general health education — they are certainly well placed to provide it."

Plain English important

Mr D. Tench, legal adviser, Consumers Association, said that patients require more information from doctors nowadays and that they had been guilty (along with other professions, including his own), of treating the client as congenital idiots. They did not impose on him any information or help because the profession knows best — "the mother knows best" syndrome.

This philosophy was disappearing and he was glad to see that the pharmaceutical profession is in the vanguard. The problem lay in implementing the philosophy of giving information and Mr Tench referred the audience to the latest *Drug and Therapeutics Bulletin* and the article "What should we tell the patient about medicines?", which he had taken as his text. One of the major problems lay in the use of plain English and in getting away from medical and scientific jargon. This was particularly important in the pharmaceutical industry in the labelling of proprietary medicines. Phensic and Nightnurse pack labels had been reworded by the "Form Factory" as an example of what can be done.

Continued on p513

How pharmacists can help self-reliant patients

New treatment for kidney failure and parenteral feeding techniques mean that general practice pharmacists are likely to become more involved in caring for patients who might previously have been treated in hospitals. Speakers at Tuesday morning's professional session explained how.

Continuous ambulatory peritoneal dialysis (CAPD) is one of the biggest advances in dialysis therapy in the past five years, according to Dr Ramanlal Gokal, a consultant in renal medicine at Manchester Royal Infirmary. It enables sufferers from kidney failure to be fully mobile and independent of machines.

Dr Gokal said that, up to last June, over 600 patients in the UK had been managed by CAPD while in the USA over 3,000 patients, about 5 per cent of dialysis patients in that country, were receiving the treatment. He described the technique in a paper presented to the Conference, of which the following is an extract:

CAPD requires the continuous presence of 1 to 2 litres of dialysis solution in the peritoneal cavity. This fluid is withdrawn and replaced through a permanent implanted catheter, three or four times a day, each exchange taking between 30 and 40 minutes.

The technique differs from conventional intermittent peritoneal dialysis in which 2 litre exchanges are performed hourly for between 48 and 72 hours a week.

From the patient's viewpoint, the major advantages of CAPD are the improvement in well-being and greater "freedom" of travel, diet and fluid intake. The technique also provides good biochemical control.

Other benefits have been a universal improvement in anaemia, for reasons unclear, and hypertension has been easier to manage as a result of better control of sodium and fluid.

The main disadvantages are peritonitis, obesity and hyperlipidaemia, and protein losses. In UK renal units the peritonitis rates vary from one episode every 10 to 50 patient weeks and usually result from a breakdown in the sterile technique.

Selection of patients for CAPD is still a vexed problem, but it is advantageous to the very young and the elderly, and those suffering from diabetes mellitus, cardiovascular disease, anaemia, hypertension, haemodialysis hypotension and blood access problems. But the technique is still in its infancy. Until the

long-term success rate is known and problems of peritonitis overcome it should be confined to established renal units where back-up with other forms of treatment is available.

Mr Christopher Chard, scientific manager, Travenol Laboratories, said there were some logistical supply problems in that CAPD patients normally needed 56 litres of solution, weighing over 66kg, each week. Other bulky items of disposable equipment and dressings were also required. Although general practice pharmacists could probably not solve the supply problems, they could perform a valuable service in the education and training of patients.

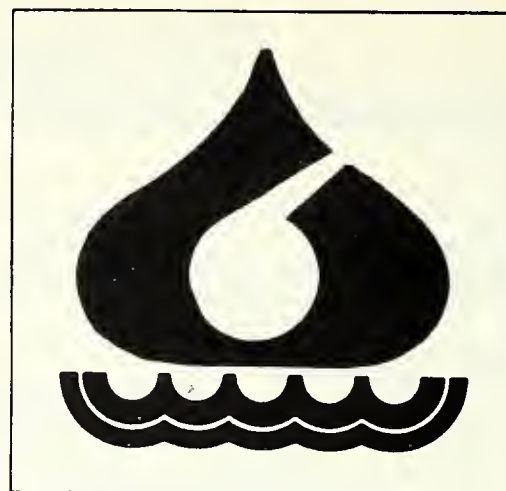
Mr Chard's paper looked at the formulation of CAPD solutions and made the following points:

The first solutions were minor modifications of intermittent peritoneal dialysis solutions. Dextrose is used to provide different levels of osmolarity. Typically, electrolytes such as sodium, potassium, calcium, magnesium, phosphate, chloride and lactate are added and the solutions are made to the same standards as intravenous infusions.

Modified solutions have been suggested with slightly raised sodium levels, a decrease in magnesium content and control of trace elements such as aluminium. Occasionally, patient-specific solutions may be required for short periods.

A tendency towards obesity and high triglyceride levels is thought to be due to increased appetite associated with patient well-being and high glucose contents of fluids. When obesity is associated with high protein loss, protein containing solutions may have a place.

Peritonitis remains the commonest cause of failure but with better patient training and procedures its incidence has continued to fall in the UK. Oral, parenteral and intra-peritoneal antibacterial agents have been used to treat the infections, ranging from semi-synthetic penicillins, cephalosporins, aminoglycosides, cotrimoxazole, amphotericin B and iodine rinses. These are often added to the fluid by the patient



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or nurse immediately before instillation in the peritoneal cavity.

Research has shown a loss of over 16 per cent of cefuroxime activity when stored in the solution at 37°C and a reduction of over 13 per cent when stored in the protein-containing effluent collected after instillation. However these losses did not occur when fluids were stored at 20°C.

Amphotericin B has been reported as irritant when used intra-peritoneally. The colloidal dispersion must be reconstituted carefully to effect thorough solubilisation by the sodium desoxycholate, otherwise pyrogenic reactions may result.

Other drugs such as urokinase, heparin and insulin are often added to PD fluids. The stability of many of these drugs in the fluids and effluent is not fully known and there is a need for compatibility studies.

Liberal use of antiseptics around the container-tubing connection is encouraged; most centres favour povidone iodine.

There are opportunities for pharmacists to advise clinicians, nurses and patients on drug-related problems, preparation of new solutions and the use of different materials, connecting systems and aseptic techniques.

Home parenteral feeding

While general practice pharmacists usually have little to do with patients receiving parenteral nutrition, there may be occasions when they can make useful contributions and need to be aware of the patients' backgrounds.

This point was made in a paper by Dr J.A. Farwell, district pharmaceutical officer, City and Hackney Health District, London, which continued: Although support for patients undergoing parenteral nutrition at home is usually controlled from a hospital, the patient is likely at some stage to seek medical advice on other matters. While he is likely to have been warned about parenteral difficulties with minor ailments such as colds, he may still be unclear about visits to the dentist or treatment of small wounds, for example. At such times he may turn to his local pharmacist.

The community pharmacist may

Continued on p514

become more involved if the patient gradually recovers the use of his gastrointestinal tract and is able to take food internally. The general practice pharmacist may be asked to advise on selection and use of feeds; he may also need to advise on changes of drug therapy or dosage as more absorption from the gut becomes possible.

Patients have the principles of the treatment explained to them and are taught how to set up the infusion. This may include the addition of vitamins to the container and the separate administration of fat emulsions. Most undertake feeding at night and therefore some mechanism for preventing an inappropriate rate of infusion is incorporated, such as an infusion pump with automatic alarms or some simple mechanical device. As infusion time is limited usually to 12-16 hours patients must learn how to taper the rate of administration to avoid hypoglycaemia which may occur if the solution, which contains a high concentration of dextrose, is stopped abruptly.

Disconnection and heparinisation of the catheter and care of the site are vital considerations for successful long-term therapy and are techniques which must be mastered by the patient. They also need to carry out simple monitoring tests such as body temperature and checking the urine for sugar and must be clear what steps to take if problems arise.

The pharmacy may manufacture special solutions and is likely to be asked

to make the necessary additions of items such as additional electrolytes, trace elements and vitamins to the main infusion components. The components may be mixed in larger containers such as three litre plastic bags. Combinations of this type demand a detailed knowledge of compatibilities of the individual components and here the pharmacist must be involved. Patients being treated at home must be given the simplest system possible as minor mistakes can lead to serious consequences.

Much of the discussion centred around whether there was any role at all for the general practice pharmacist in caring for CAPD patients. Mr David Benoliel, chief pharmacist, Paines & Byrnes Ltd, and vice-chairman of the National Federation of Kidney Patients Associations, thought this area was irrelevant to retail pharmacists because the service from manufacturers was satisfactory and patients maintained close links with the renal units — which they usually contacted first whenever they had a problem. Other speakers disagreed, saying retail pharmacists should be aware of the techniques and equipment required, in case patients needed help. Dr Farwell said advice was particularly important when patients on these special treatments bought OTC medicines.

Another point made was that the problems of supplying bulky solutions from pharmacies could be overcome. Miss B. Meikle, Glasgow, suggested that arrangements could be made for

companies to deliver directly to patients' homes while the pharmacist could supply the sundries. Mr John Wilford, Hastings, saw no reason why general practice pharmacists could not take on the supply role in the same way as they supplied oxygen, which was no less cumbersome.

Patient information

Continued from p511

Mr Tench said that manufacturers should not take too much notice of lawyers who are liable to insist on confusing warning notices and exempt themselves from product liability. "I am in support of strict liability for manufacturers." The prospects of having strict liability for injury or for death caused by a product is sometimes used against giving more information and more usually it results in a voluminous mass of meaningless words. Product liability has a sort of "bogey-man" image at the moment. If in doubt — inform patients and if this is done positively (on pack) then it can only enhance a manufacturer's defence.

Professor Beckett, who chaired the session, pointed out during the discussion that confusion over dosage was due to the inadequacy of pharmaceutical formulation. If medicines were formulated to be taken only once every 12 hours, problems of information to patients would be solved. ■



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Science and the retail image

One reason why the University Grants Committee has had little sympathy for pharmacy schools recently could be the present state of UK pharmacy practice, suggested Professor Stanley S. Davis, Lord Trent, professor of pharmacy, Nottingham University.

"The image created by certain sectors of the retail community is hard to reconcile with a profession that now has exclusively a graduate entry. Certainly, if I was a member of the UGC and was confronted by certain retail establishments, I would find it hard to advance a rational explanation for spending in excess of £6,000 to train a pharmacist. If we are to remain a graduate profession we must behave in a manner that becomes a graduate profession", he said during his address on Monday morning as Conference science chairman.

Pharmacy as a profession must have a strong foundation in the pharmaceutical sciences, Professor Davis believed, and for pharmacy schools to be accepted fully as members of the university community they would need to emphasise their contribution to science and scholarship. On the research side, pharmacy

departments often had a lower productivity than other science departments, one reason being staff involvement with the teaching of professional and vocational aspects of the course. To show clearly their ability to play a full academic role the schools would have to examine closely their future commitment to the so-called professional and clinical side.

He and his colleagues at Nottingham firmly believed that the purpose of the undergraduate course was to provide a sound scientific training, and that vocational aspects of clinical pharmacy and management were best left to the pre-registration year or even later, rather than added to the already overburdened undergraduate syllabus.

This broad education in the pharmaceutical sciences enabled the pharmacy graduate to make an essential contribution in hospital and industry. "His unique knowledge of dosage form design, formulation and bio-pharmaceutics is the very heart of pharmacy, and to sacrifice this on the uncertain altar of clinical pharmacy would be a great mistake", he said. In the United States, overcommitment to clinical pharmacy had led to problems in the industry in recruiting pharmacists with suitable backgrounds in basic pharmaceuticals, and chemical engineers and physical chemists were taking over these positions.

"It is the pharmacist's understanding of drugs and medicine, in particular the formulation of medicines and the way in which physiology interacts with chemistry, that will give the pharmacist a lasting role at ward and clinical level. It is certainly not our desire within the schools to train second-rate doctors". The prospect of pharmacists taking over activities that doctors and nurses were too busy to do, as in the USA, was a frightening one, Professor Davis added.

He went on to illustrate this interaction between chemistry and physiology by describing research being carried out at Nottingham university. Work was being done on sustained release matrix systems and on colloidal particles that could be useful in drug targeting. This summer a joint project was undertaken with the Royal Danish School of Pharmacy to study microsphere systems for delivering anti-cancer agents to tumours. Particles of polystyrene and modified cellulose were labelled with gamma-emitting radio isotopes and their deposition in rabbits was followed after intravenous administration.

Professor Davis pointed out that, while the research team was multi-disciplinary, the co-ordinator was a pharmacist because only pharmacists had the wide-ranging scientific knowledge required — from particle size analysis, sterilisation and radio labelling, to physiology and histology. ■

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Why there are no proposals to test doctor dispensing

The Department of Health has spelled out why dispensing doctors are not subjected to a testing scheme under the National Health Service.

This month's meeting of the Pharmaceutical Services Negotiating Committee heard that the following reply had been received to its letter sent as a result of the conference of Local Pharmaceutical Committees in March:—"Although it may seem inequitable that pharmacy contractors (and appliance suppliers) are subject to the NHS Drug Testing Scheme and dispensing doctors are not, this is due to practical considerations. These practical considerations are:—

- (1) The dispensing doctor is not obliged to complete a prescription form FP10 before dispensing what he has prescribed since a formal direction to himself is not required; therefore, a written prescription would not necessarily be available for comparison with the samples of medicine or appliances taken for samples.
- (2) As, therefore, there cannot be a direct comparison between prescriptions and medicines dispensed, any scheme for dispensing doctors would necessarily be dissimilar to the scheme used for pharmacists (and appliance contractors) and more limited in scope.

"It would also be relatively more expensive as it could be that a doctor would not be present, without notice, when an inspector visited, leading to abortive calls. A drug testing scheme for doctors would, therefore, be difficult to

justify because of its necessarily more limited scope and higher relative cost, and there are no proposals for introducing one."

The Committee also considered the Minister for Health's Commons reply concerning the reasons dispensing doctors collect fewer prescription charges than chemists (*C&D* July 25, p117). It was informed that, following the recent Review Body award, doctors' dispensing fees had been increased by approximately 8 per cent.

Clothier regulations

The Committee was informed that the draft regulations on rural dispensing, following the Clothier report, were satisfactory to the pharmacy representatives subject to a few points which were to be discussed at two Joint Standstill Committee meetings to be held during September.

■ *Glyceryl trinitrate tablets*: The Committee was informed that, following

representations to the Department of Health, the price of tablets glyceryl trinitrate 500 microgram was to be based on the 100 pack, and not the 1,000 pack as previously, with effect for prescriptions dispensed on or after August 1, 1981.

■ *Civil Service strike*: The Committee was told that Customs and Excise had stated that all outstanding VAT payments would be cleared within the next few weeks. The Department of Health had confirmed that the special 130 per cent advance would not be recovered from contractors until all outstanding VAT payments had been made.

Discount inquiry

The Committee was informed that arrangements were in hand for the net ingredient cost adjustment factor (discount) inquiry and that the result would not be available until late 1982 at the earliest.

■ *Nominations*: Messrs Davison and Sharpe were nominated to the Standing Pharmaceutical Advisory Committee from April 1, 1982, and Mr R.B. Harrison MPS to represent PSNC on the Welsh Pricing Committee from August 1, 1981.

■ *Prescription statistics*: The following figures for April and May were received:

■ Cumulative statistics for January to May 1981

	1981	1980	+ / -	+ / - (per cent)
England				
Total scripts	123,908,585	128,466,502	- 4,557,917	- 3.68
Total cost	£407,677,663	£354,716,407	+ £52,961,256	+ 14.93
Wales				
Total scripts	9,665,323	9,960,498	- 295,175	- 3.05
Total cost	£ 30,958,272	£ 27,190,000	+ £ 3,768,272	+ 12.17

	April 1981	April 1980		May 1981	May 1980
England			England		
Total scripts	24,463,650	24,522,899	Total scripts	24,060,424	25,245,553
Total cost	£81,839,373	£69,391,760	Total cost	£82,226,519	£73,296,517
Total oxygen (Inc In cost)	£ 457,478	£ 334,553	Total oxygen (Inc In cost)	£ 457,765	£ 351,634
Average NIC	269.99p	224.52p	Average NIC	276.34p	231.55p
Average discount	(4.12p)	(3.44p)	Average discount	(4.17p)	(3.63p)
Container allowance	3.80p	2.80p	Container allowance	3.80p	2.80p
	269.67p	223.88p		275.97p	230.72p
Average fee	32.09p	32.07p	Average fee	32.08p	32.07p
Average on-cost	30.91p	25.65p	Average on-cost	31.80p	26.15p
Average total cost	332.67p	281.60p	Average total cost	339.85p	288.94p
Wales			Wales		
Total scripts	1,915,921	1,891,908	Total scripts	1,865,863	1,939,094
Total cost	£ 6,233,861	£ 5,277,299	Total cost	£ 6,196,693	£ 5,516,493
Total oxygen (Inc In cost)	£ 59,865	£ 47,365	Total oxygen (Inc In cost)	£ 61,416	£ 47,423
Average NIC	260.80p	219.79p	Average NIC	266.51p	225.15p
Average discount	(4.00p)	(3.32p)	Average discount	(4.01p)	(3.46p)
Container allowance	3.79p	2.80p	Container allowance	3.79p	2.80p
	260.59p	219.27p		266.29p	224.49p
Average fee	32.06p	32.05p	Average fee	32.09p	32.08p
Average on-cost	29.60p	25.11p	Average on-cost	30.43p	25.48p
Average total cost	322.25p	276.43p	Average total cost	328.81p	282.05p

Close watch to be kept on Barclays

Barclay and Sons are "still at the crossroads" and despite gross margins having stabilised at a low level, the division remains only marginally profitable and "will require close and continuous monitoring" says Stanley Kalms, chairman Dixons Photographic Ltd, in their latest annual report.

The board reports that the division experienced another year of severe competition, but that signs of positive progress were apparent. During the period, the toiletry distribution company, Branded Goods, was transferred to Barclay and Sons after having sustained losses.

The "Barclays Enterprise" trading concept has, they say, proved successful, "... with increasing sales and greater customer awareness of Barclays' expertise".

For the year end May 2, Barclays turned in pre-tax profits of £17,000 from a loss of £585,000 in the previous year. Sales fell some £20 million to £73.1m (C&D, August 8, p236). ■

Losses on chemicals at Guinness Peat

The chemicals division of Guinness Peat has recorded a £197,000 loss for the year end April 30, against a small profit last year of £309,000 and a surplus of £1.1 million in 1979.

Describing the results in this area as "unsatisfactory" Edmund Dell, chairman, comments that they were influenced by difficult trading conditions. The division includes New Era

Laboratories, Regent Laboratories, Willow Francis, Windsor Laboratories and Acorn Medical Ltd.

Overall, pre-tax trading profits for the diversified group plummeted to £2.79m from £15.67m, on a turnover down to £549.4m from £686.1m. Losses of some £4m from US commodity operations particularly hit margins, but the continuation of the recession has also been blamed. ■

Management role in health and safety

The contribution that effective management can make to securing and maintaining high standards of occupational safety and health is reviewed in a report published recently by the Health and Safety Executive.

The report seeks to assist managers to understand their responsibilities for safety and health and how they may be carried out and offers a distillation of ideas which have been found to be successful in practice. It notes that even in industries generally associated with high technology, underlying causes of accidents are often organisational rather than technical. "Managing Safety" OP3 (£2.25), is available from HMSO. ■

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Made from high quality latex, of a lighter weight than previously used, the new 'Guardsocks' are both durable and flexible.

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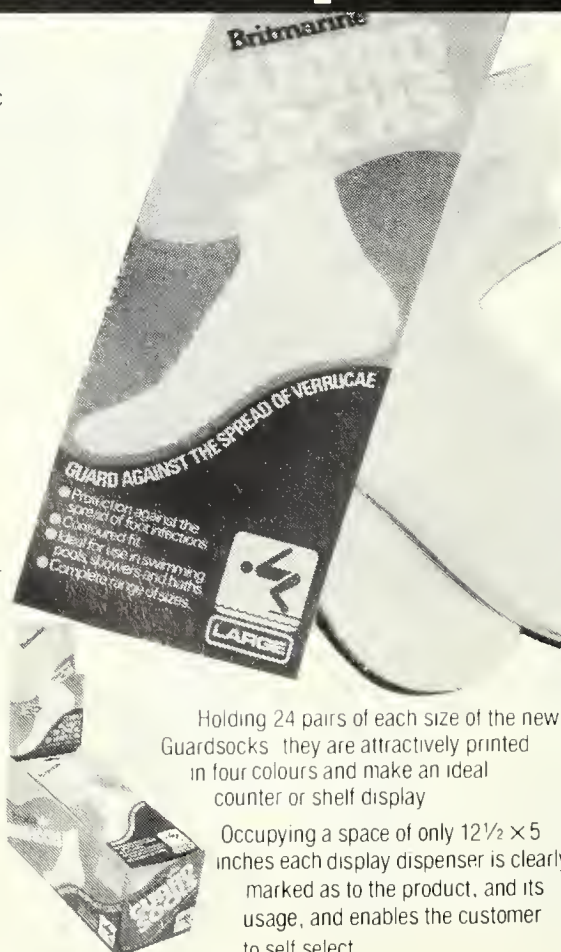
The new 'Guardsocks' incorporate a specially designed 'pimpled sole' for maximum grip and safety on most types of surface.

Guardsocks have special leading protrusions — two on each sock — which can be left uncut for verrucae sufferers ensuring a watertight sock or for non verrucae sufferers, they can be removed to allow a flow of air, and water, through the sock.

The new 'Guardsocks' are available in five sizes from extra small to extra large.

24 Unit Display Dispenser

To help display the new 'Guardsocks' and attract your customer to purchase we have packed the product into special display dispensers.



Holding 24 pairs of each size of the new Guardsocks they are attractively printed in four colours and make an ideal counter or shelf display

Occupying a space of only 12½ x 5 inches each display dispenser is clearly marked as to the product, and its usage, and enables the customer to self select.

National Advertising Campaign

The new Britmarine Guardsocks are being supported by advertising in selected major womens magazines among them 'Living' and 'Woman's World' over a period from October 1981-March 1982.



Additional support for the product will come from an aggressive and extensive press and public relations campaign in leading publications covering sporting and leisure activities.

So stock up now to avoid disappointment when your customer asks for 'Guardsocks' — by name.

For further information:
The Haffenden Moulding Company
Richborough Works Sandwich Kent
Tel: Sandwich (0304) 617377

Britmarine GUARDSOCKS

New marketing service 'profiles' GPs

A new UK marketing service for "ethical" pharmaceuticals has been launched in the UK by Haigh, Walsh & Associates. Said to be first of its kind worldwide, the system uses "sociological methods" to profile GPs in terms of their behaviour.

Known as DOC.P.A.L. — Doctor priority action list — the service can be used to list GPs in order of promotional priority at territorial or national level, for representative targeting, mailing or invitations. DOC.P.A.L. is produced by presenting the computer file with weighted "key" doctor characteristics chosen from a "menu" after reference to the product marketing plan.

The "menu" has been built up over the past 12 months through profiling individual GPs in terms of their relative innovativeness, their medical interests and their interest in drug therapy classes. In addition their attitudes to types of promotion and their medical activities outside of general practice have been recorded. This information may also be combined with demographic data, available in the "GP-Walsh representative reporting system."

Haigh, Walsh & Associates say the average 50 salesman ethical company in the UK is currently contacting less than 50 per cent of the GP population in any 12 months. DOC.P.A.L., they say, will ensure that the most interested and the most productive are promoted to. *Haigh, Walsh & Associates, Coltex House, Rectory Place, Loughborough, Leics LE11 1TW. Telephone 0509 39171.* ■

CIA continues fight on energy policy

Government must "urgently develop a coherent energy policy which will positively support the efforts of energy-intensive industries" says the latest "Energy Bulletin" published by Chemical Industries Association.

CIA says that Government response to the chemical industry's prolonged campaign for a fair deal on energy prices has been to provide minimal concessions on electricity and gas tariffs. These are worth £20 million on an energy bill of over £1,000m — "The UK Chemical Industry is still at a disadvantage of 15 to 20 per cent on its energy bill compared with leading competitors such as France and Germany", says Mr R.F. Legge, Secretary to CIA's Fuel and Energy committee, "therefore, whilst we welcome the chance to participate in the NECD task force to

establish the latest position in detail, we very much hope it will lead to early and positive Government action."

Equally, Government financial aid to energy-saving schemes in industry is said to be modest in the extreme. CIA believes that, given industry's low cash flow and poor profitability, really significant gains will only be achieved with substantial support from Government. ■

Glass protection in riot areas

An "Anti-bandit" transparent film from 3M for use on glass windows is to be marketed in the UK by Berkeley Invicta (UK) Ltd, and is targeted specifically at businesses in existing and potentially sensitive riot areas.

The company says that in recent tests a 25sq ft pane of 10mm glass treated with the film withstood seven heavy blows from a 6ft long by 2½in diameter steel pipe, before partially giving way. On impact, the window cracked, but the film held the glass in position. Optical clarity, a problem previously associated with thicker film, is now claimed to be excellent.

Average cost of the film and its application is estimated to be between £10 and £15 per sq m depending upon the size and type of the glass area involved.

Berkeley Invicta may be contacted at Manchester (tel: 061-236 9611), Kent (tel: 089-272 2202) and Glasgow (tel: 041-552 7375). ■

More Business News overleaf

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- ★ Retained efficacy and acceptability
- ★ Regained a sales growth with proper advertising support level



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Ilford restructure takes effect

Losses incurred by Ilford in 1981 will be significantly lower than in previous years and even less than planned. The reduction in group losses are ahead of budget partly as a result of favourable external factors, but mainly because of lower staffing levels and other cost-cutting measures, says chief executive, John Fraser.

The parent company, Ciba-Geigy, has reported half year sales of around £60 million by Ilford. Although this is not comparable with last year's figures, as the company's three "industrial" lines have been dropped, the fall in sales is said to be less than expected.

Construction work on the Mobberley site is on schedule and the £30 million project is expected to be completed by the end of 1983. ■

Briefly

■ **Sangers Group Ltd's** extraordinary general meeting last week approved the sale of Sangers optical interests to Dolland & Aitchison (*C&D*, August 29, p 345).

■ **Merrel Pharmaceuticals Ltd** have moved their medical, sales and marketing departments to Meadowbank, Bath Road, Hounslow (telephone 01-759 9001, telex 934626). The research and development laboratories will remain at Rusham Park.

■ **NPU Holdings Ltd:** A dividend of 10.85p per share is proposed for the year ended March 31 (9.80p in 1980) on before-tax profits of £48,043 (£41,452). At the annual meeting on September 22 it will be proposed to re-register as a private company under the Companies Act 1980. NPU Holdings is an investment company with a 50 per cent stake in NPU Marketing Ltd, from which it derived £11,429 income. The major part of the £56,052 income (£47,972 in 1980) came from investment in quoted securities.

APPOINTMENTS

■ **Revlon: Robert Stephens**, recently appointed customer services manager, joined Revlon two years ago as manager of beauty consultants administration department, responsible for beauty consultants nationwide. His main objective will be to improve day to day service



MARKET NEWS

Profit-taking on Chinese menthol

London, September 15: Although quotations for Chinese menthol in the forward position were higher during the week because of the low sterling rate against the US dollar, spot offers fell from £6 per kg to £5.65. Holders having purchased their supplies earlier when the pound was strong were thought to have decided to take their profit and get out. Once they have achieved this, of course, the spot price will bounce back again.

Meanwhile, it seems Brazilian menthol has reached its peak as origin cut its price by 10p kg after several months of rises. Natural camphor continues its firm tone with origin pushing up its rate by 25p kg.

A number of spices were dearer for shipment. They included cloves, black pepper and turmeric. Among crude drugs there is a scarcity of block liquorice juice from China. European lobelia is a short crop this year hence cif prices are higher.

Dearer among essential oils were Chinese anise, clove leaf, eucalyptus, East Indian nutmeg and patchouli. Lower were Ceylon citronella and cinnamon leaf.

Pharmaceutical chemicals

Acetone: £374 metric ton for 30-drum lots.
Acetic acid: 4-ton lots, per metric ton delivered — glacial BPC £376, 99.5 per cent £359, 80 per cent grade pure £327; technical £306.
Adrenaline: (per g) 1 kg lots base £0.35; acid tartrate £0.30.
Alolin: micro-crystalline £28.65 kg in 50-kg lots.
Ammonium bicarbonate: BPC £234.77 metric ton, ex-works, in 50-kg bags.
Ascorbic acid: (per kg) 25-kg £4.81; 500-kg from £4.30 as to source; coated £5.03 — (25-kg lots).
Benzocaine: BP in 50-kg lots, £6.70 kg.
Benzolic acid: BP in 500-kg lots, £0.8801 kg.
Biotin: Crystals £5 per g; in 10-g lots.
Bromides: Ammonium potassium, sodium per metric ton in 50-kg lots £970; 250-kg lots £920; 1,000-kg £890.
Brucine sulphate: £45 kg.
Butabarbital: Acid £25.17 kg; sodium £26.81 kg in 50-kg lots.
Butobarbitalone: Less than 100 kg £22.88 per kg.
Carbazochrome: technical £60 kg; sodium sulphate £105 kg.
Carbon tetrachloride: BP 5-ton lots in 290-kg drums £305 per metric ton.
Carotene: Beta — 10% £27.50 kg (5-kg lots); 20% suspension £36.30 kg (5-kg).
Chloral hydrate: 50-kg lots £2.20 kg.
Chloramphenicol: BP 73 £19 kg in 500-kg lots.
Chloroform: BP in 180-litre drum from £1.24 per litre for one drum lots down to £0.99 for 39 drums. In 2-litre bottle £3.10 each for 175 litres; £2.50 for 7,000 litres.
Choline: (50-kg lots) bitartrate £3.25 kg; dihydrogen citrate £3.40.
Cinchocaine: Base (10-kg lots) £100 kg; hydrochloride £100.
Citric acid: BP per metric ton single deliveries, granular monohydrate £891; anhydrous £940 (powdered £20 premium per 1,000 kg).
Clioquinol: BP 80 500-kg lots £22 kg.
Cyanocobalamin: per g £2.64 in 100-g lots; imported £2.40 in 1-kg lots.
Dexpanthenol: (per kg) £10.12 in 5-kg lots.
Dextromethorphan: £135.30 in 5-kg lots.
Dihydrocodeine bitartrate: £535 kg in 20-kg lots, Subject to Misuse of Drugs Regulations.
Ergometrine maleate: £6.36 in 50-g lots.
Ergotamine tartrate: £4.25 g in 50-g lots.
Hydroquinone: 50-kg lots £3.08 kg.
Hyosine: Hydrobromide £490 kg.
Iodine: Resublimed £10.20 kg in 250-kg lots; crude £7.40 in 500-kg lots.
Stillboestrol: BP in 25-kg lots, £197.50 kg.
Strychnine: Alkaloid £74.30 per kg; sulphate and hydrochloride £60.40 kg 5-10 kg lots.
Succinylsulphathiazole: £9.20 kg in 50-kg lots; imported £7.50 (250-kg).
Theobromine: Alkaloid No offers.
Theophylline: Anhydrous and hydrous £4.61 kg in 100-kg lots — ethylene diamine £4.96 kg.
Thiamine: Hydrochloride / mononitrate £14.85 kg in 20-kg lots of British origin; 500-kg £14.00.

Tocopherol: DL alpha 5 kg £15.95 kg.
Tocopheryl acetate: DL-alpha per kg £12.55 (in 20-kg lots); adsorbate 12.20 (25-kg); spray-dried £9.75.
Zinc acetate: Pure £1.39 kg in 50-kg lots.
Zinc carbonate: Pharmaceutical grade £720 per metric ton.
Zinc chloride: Anhydrous powder £450 metric ton, delivered U.K.

Crude drugs

Balsams: (kg) Canada: Unchanged at £12.50 on the spot, shipment £12.40 cif. Copaliba: No spot; £5.80, cif. Peru: £10.75 spot; £10.80 cif. Tolu: £10.80 spot; £11, cif.
Benzoin: £210 cwt, cif.
Camphor: Natural powder £10.50 kg spot; £9.50, cif. Synthetic 96% £1.30 spot; £1.28, cif.
Cloves: Madagascar £5.250 metric ton spot £5,000, cif.
Ipecacuanha: Matto Grosso no offers; Costa Rican £36 kg spot; £37.50, cif.
Liquorice: Root, no spot; £710 metric ton, cif. Block juice £1,400 metric ton spot.
Lobelia: European, no spot, £1.42 kg, cif.
Menthol: (kg) Brazilian £6.40 spot £6.80, cif. Chinese £5.65 spot; £6.10, cif.
Pepper: (metric ton) Sarawak black £850 spot, \$1,900, cif; white £1,225 spot; \$1,960, cif.
Seeds: (metric ton, cif). Anise: China star £1,400. Celery: Indian £500. Coriander: Moroccan £330. Cumin: Indian £675. Fennel: Chinese £475. Fenugreek: Moroccan unavailable; Indian £325.
Sarsaparilla: Jamaican no spot; £2,875 metric ton, cif.
Turmeric: Madras finger £350 metric ton spot; £305, cif.

Essential oils

Anise: (kg) Spot £14.50 spot; £14 cif.
Cinnamon: Ceylon leaf £3.20 kg spot; £2.85 cif; bark: English-distilled, £150.
Citronella: Ceylon £3.05 kg spot; £2.45, cif. Chinese £3.80 spot; £3.65, cif.
Clove: Indonesian leaf £2.05 kg spot; £2 cif. English distilled bud £50 spot.
Eucalyptus: Chinese £2.60kg spot; £2.55 cif.
Nutmeg: East Indian £8.75 kg spot; £8.60 cif. English distilled £15.
Patchouli: Indonesia £17, kg spot and cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

COMING EVENTS

Tuesday, September 22

Barnet Branch, Pharmaceutical Society, Postgraduate medical centre, Barnet General Hospital, at 7.30pm. Buffet supper. Mr D. Hubbard, Unichem Ltd, on "Computers in pharmacy".
Plymouth Branch, Pharmaceutical Society, Tamar Hotel, Crownhill, at 8pm. Wine buffet. Speaker Mr B. Hardisty, managing director, Winpharm.
Leicestershire Branch, Pharmaceutical Society, Postgraduate medical centre, Royal Infirmary, Leicester, at 8pm. Chairman's evening.

Wednesday, September 23

Northumbria Branch, Pharmaceutical Society, Winthrop Laboratories, Fawdon, Newcastle, at 7.30pm. Professor D.N.S. Kerr on "Kidney transplants" followed by wine and cheese.
Worthing and West Sussex Branch, Pharmaceutical Society, Worthing postgraduate medical centre, Homfield Road, Worthing, at 7.30pm. Film on "Stoma care", exhibition of equipment and appliances, by Miss H. Williams, Hollister Products.

Thursday, September 24

Bedfordshire Branch, Pharmaceutical Society, Medical centre, Luton and Dunstable Hospital, at 8pm. Film on autonomic nervous system and blood pressure. Buffet supper.
Dundee and Eastern Scottish Branch, Pharmaceutical Society, Lecture theatre 3, Ninewells Medical School, at 7.30pm. Lecture by Dr H. Leadbitter on "The role of the football club doctor". Chairman's sherry reception.
Manchester and Salford Branch, National Pharmaceutical Association, Boyd House, Upper Park Road, Victoria Park, Manchester, at 8pm. Annual General meeting.

Friday, September 25

Slough Branch, Pharmaceutical Society, Wexham Park Hospital, Slough, at 8pm. Dr S.E. Fullerton on "College of Pharmacy Practice". Buffet.

Advance Information

Weleda (UK) Ltd, St Georges Hall, Lime Street, Liverpool, October 10, 10.00am to 5.30pm. Working exhibition on homeopathy. Free admission.
British Institute of Regulatory Affairs, Pharmaceutical Society, 1 Lambeth High Street, London SE1, October 28. Meeting on "Registration of animal medicines in the UK and EEC — future trends". Tickets obtainable from Mr G. Kowalczyk, Roche Products Ltd, PO Box 8, Welwyn Garden City, Herts.

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Business for sale

X1 — LANCASHIRE — Retirement vacancy lock-up Corporation property on rent £1,700 per annum, unopposed business established 26 years with turnover to May 31st 1981 just under £100,000 on an average 2,000 scripts per month. Goodwill, fixtures and fittings £10,000 plus stock at valuation.

X2 — SUFFOLK — Old established family business. Current turnover £125,000 with scripts over 2,000 per month. Large freehold property and living accommodation for sale £45,000. Goodwill and fixtures & fittings at £30,000, plus stock at valuation.

X3 — NORTH HUMBERSIDE — Village centre pharmacy, turnover exceeding £120,000 per annum. Scripts average 2,500+ per month. Excellent freehold property for sale at £39,500. Goodwill and fixtures £14,000 plus stock at valuation.

X4 — NORTH WEST WIRRAL — Town centre lock-up premises on lease at £1,300 per annum. Turnover to 31st May 1981 £94,000, now running at over £100,000 per annum. Scripts dispensed average 2,000 per month. Goodwill and fixtures £6,000 plus stock at valuation £9,000.

X5 — DERBYSHIRE — High Peak. This nine-year-old large lock up unit on rent at £950 per annum was purpose built to serve a council estate of 5,000 people. Turnover in 1980 was £84,500 on scripts averaging 1,650 per month. Scope for diversification of counter trade. Fixtures and fittings £4,000, offers invited for goodwill, plus stock at valuation.

X6 — SOUTH WEST LANCA-SHIRE — Large excellently modernised and fitted-out property close to town centre. Turnover to April 30th, 1981, £116,000. Scripts average 2,000 per month. Good future potential. Freehold and fittings £12,000. S.A.V. approx. £20,000.

X7 — LINCOLNSHIRE — Good living accommodation is contained in these shop premises in the centre of a busy holiday resort on the Lincolnshire coast. Turnover is running at around £100,000 p.a. with excellent profits. Scripts average 1,550 per month, freehold property £23,000, goodwill, fixtures and fittings £15,000 plus stock at valuation.

X8 — SOUTH MANCHESTER — Turnover to 31st December 1980 £305,724. Dispensing 3,000 scripts per month. Freehold property for sale at £50,000 and stock at valuation. Offers invited for goodwill and fixtures in excess of £100,000.

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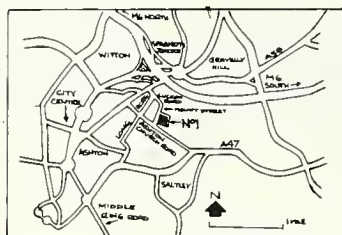
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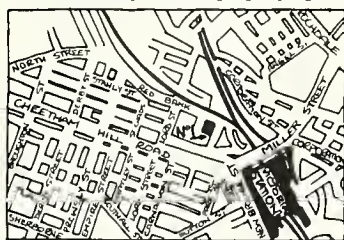
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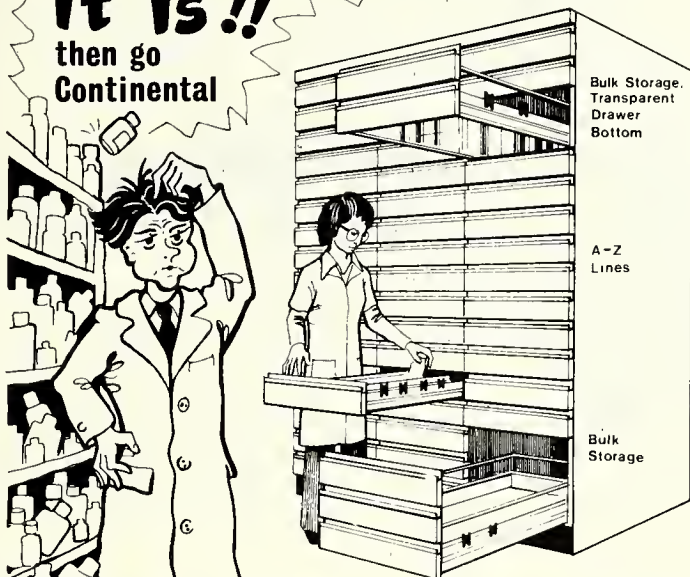
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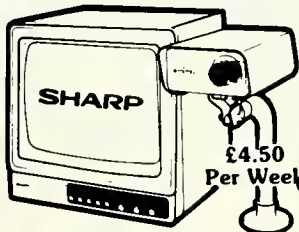
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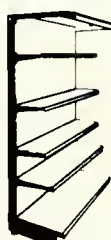
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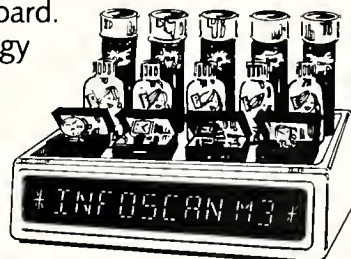


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